

**PAYOR'S PAD AGREEMENT
Personal PRE-AUTHORIZED DEBITS (PAD)**

Instructions:

1. Please complete all sections and sign the PAD form in order to authorize the Payee to debit funds directly from your account.
2. Please sign the Terms and Conditions on the opposite side of this page.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below
4. If you have any questions, please email Deb Brewerton at envelopes@hlbchurch.com.

Payor Information (Please PRINT clearly)

Surname	First name	Mr. Mrs. Ms. Miss
Address		
City	Postal Code	Telephone #:
Email Address		Offering Box #:

Payor Financial Institution/Banking Information (Please PRINT clearly)

Branch Number	Institution #	Account Number
Name of Financial Institution:		
Branch Location		
Address	City/Province	Postal Code

Payee Information

Payee Name: Heart Lake Baptist Church	
Address: 10245 Kennedy Rd N Brampton, ON L6Z 0C5	
Telephone #: 905-846-1770	
Email: Deb Brewerton envelopes@hlbchurch.com	

Payment Information:

Please specify the total amount of the fixed payment:	\$ _____	\$ _____
Please specify the desired date for PAD withdrawal.	monthly 15th OR 30th of each MONTH (circle one date)	twice a month 15th AND 30th of each MONTH
Commencing (MM/YY)		

Signature of Payor(s)	Dated:	

Void Cheque attached

PAYOR'S PAD AGREEMENT
Personal PRE-AUTHORIZED DEBITS (PAD)

Terms & Conditions

1. In this Agreement , "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes.
I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for charitable donations (a "Personal PAD") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution").
I authorize the Financial Institution to honour and pay such debits.
This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association.
I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke or cancel this Agreement at any time upon 15 days notice prior to my PAD withdrawal date being provided by me either in writing. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee.
This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.
The Payee shall use best efforts to cancel the PAD in the next processing cycle with written notice at least 15 days prior to the normal PAD withdrawal.
I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or at www.cdnpay.ca.
4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. I agree to abide by the pre-notification requirements as agreed to with the Payee.
7. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
8. I understand that I have certain recourse/reimbursement rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I understand that I may obtain more information on my recourse/reimbursement rights by contacting my financial institution or visit the CPA website at www.cdnpay.ca.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms to the requirements of Rule H1.
10. I understand and agree to the foregoing terms and conditions.
11. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

Name of Account Holder Signature

Dated: _____

For adjustments, updating bank information or cancellations please contact Deb Brewerton at envelopes@hlbchurch.com at least 15 days prior to your PAD withdrawal date.