



PERSONAL Pre-Authorized Debit (PAD) Agreement

To: Northgate Foursquare Church (the "Payee")

This Authorization is provided for the benefit of the Payee and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our account in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

INSTRUCTIONS: Please complete all sections to instruct your Financial Institution to make payments directly from your account. Return the completed form with a blank cheque marked "VOID" to the payee below.

1. CUSTOMER (ACCOUNT HOLDER) INFORMATION (Please print clearly)		
Name:		
Mailing Address		
City	Province	Postal Code
Telephone Number		

2. BANK ACCOUNT INFORMATION			
Account Number		Branch Transit Number	
Financial Institution Number			
Chequing Account		Savings Account	
Financial Institution Name:			
Branch Address:			

3. PRE-AUTHORIZED DEBIT (PAD) PAYEE DETAILS		
Company Name: Northgate Foursquare Church		
Mailing Address: 1640 Burgess Rd.		
City: Courtenay	Province: BC	Postal Code V9N 5W8
Telephone Number: 250-334-2727	Fax: 250-334-2877	
E-mail: carla@ngate.ca		

Account Information: The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account as been marked "VOID" and is attached to this authorization.

Accuracy and Changes in Account Information: By signing this Authorization, we certify that all information contained in this form is accurate and we agree to inform the Payee, in writing, of any change in the information provided prior to the next due date of the PAD.

Valid Signing Authority: We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Authority To Debit Account: We hereby authorize the Payee to draw on our account indicated above with our Financial Institution, for the following purpose (charitable donations – including tithes, offerings, and missions).

Frequency and Amount Of Debits: A debit of the amount of (and in no case to exceed) \$ _____, may be drawn on our account _____ (**frequency: Monthly/Bi-weekly - 1st/ 15th of month**) beginning _____. Annual top-ups or adjustments are not permitted.

Validation by Processing Financial Institution: We acknowledge our Financial Institution is not required to verify that any purpose of payment for which a PAD was issued has been fulfilled by the Payee or that a PAD has been issued in accordance the particulars of our Authorization including, but not limited to, the amount, as a condition to honouring a PAD issued by the Payee on our account.

Recourse/Reimbursement: We have certain recourse rights if any debit does not comply with this agreement. For example, we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on our recourse rights, we may contact our Financial Institution or visit www.cdnpay.ca

Our Rights of Dispute: We may dispute a Pre-Authorized Debit in accordance with CPA Rules under the following conditions:

1. The PAD was not drawn in accordance with our Authorization; or
2. This Authorization was revoked.

In order to be reimbursed, we acknowledge that a declaration to the effect that either (1) or (2) took place, must be completed and presented to our branch of our Financial Institution up to and including 90 calendar days after the date on which the disputed PAD was posted to our account. We acknowledge that any claim made after 90 business days or for any reason other than the above, is a matter to be resolved solely between the Payee and ourselves.

Acceptance of Delivery of Authorization: We acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by us to our Financial Institution. Any delivery of this Authorization to you constitutes delivery by us.

Cancellation of Arrangement: We may cancel This Authorization at any time upon notice to the Payee at least **ten** days prior to the PAD being issued.

We understand and agree to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA Rules.

Dated this _____ day of _____, 20_____

Authorized Signatory

Name (please print)

Authorized Signatory

Name (please print)



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