

**Authorization for PRE-AUTHORIZED DEBITS (PAD) for
Monthly Donations to Golden Valley Lutheran Church
Box 72, Viking, AB T0B 4N0**

1) **Donor's Name and Address - please print**

I/We warrant and represent that the following information is accurate

Surname	First name	Mr. Mrs. Ms. Miss
Address		
City	Postal Code	Telephone # ()
Email Address		Church Envelope #

Name of Donor's Financial Institution (the Processing Institution)		
Branch	Address	
City	Postal Code	Account Number

Please debit my bank account: (I/We have attached a specimen cheque marked "VOID" to this Donor's Authorization)

The Payee may issue a PAD once a month, on the 20th day of each month for which the donation is due in a dollar amount up to a maximum of _____. (Please indicate amount in which funds, totalling the maximum amount)

Current: _____ CALC: _____ Building: _____ Other: _____ (Please specify)

The payment will be debited on the next business day if the 20th falls on a Saturday, Sunday or a statutory holiday. I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization at **least 20 days prior** to the next due date of the PAD.

2) **Payee's Name and Address**

Golden Valley Lutheran Church Box 72 Viking, AB T0B 4N0
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3) I/We acknowledge that the Authorization is provided for the benefit of **Golden Valley Lutheran Church** and the **Processing Institution**.

4) I/We hereby authorize **Golden Valley Lutheran Church** to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose: Donation

5) I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

6) I/We may revoke the Authorization at any time upon providing written notice to **Golden Valley Lutheran Church** at least 20 days prior to the next due date of the PAD. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution.

7) I/We have certain recourse 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. To obtain more information on my recourse rights, I may contact my financial institution.

8) Revocation of the Authorization does terminate any contract for goods or services that exists between me/us and the **Payee**. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

9) **Donor** consents for **Golden Valley Lutheran Church** to collect, use, retain and disclose **Donor's** personal information for the purpose of collecting accounts remaining unpaid for more than 30 days.

10) I/We agree that the information contained in the Authorization may be disclosed to the Processing Institution as required to complete any PAD transaction.

11) The first PAD will occur on the 20th of _____, or the next business day.

12) I/We understand and accept the terms of participating in this PAD plan:

Client Signature

Name (Please print)

Date

Signature of Joint Account Holder

Name (Please print)

Date

For Golden Valley Lutheran Church use only:

Today's Date : _____

1. Check marked "VOID", and authorization form received _____
2. Monthly donation of \$_____ to be debited on 20th of each month starting from _____