



FIRST BAPTIST CHURCH

HALIFAX

**Payor’s Authorization for Pre-Authorized Debits for Personal PAD**

1. Payor’s name and Address – Please Print

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

Mr. Mrs. Ms.	Surname	First Name
Street		
City	Postal Code	Telephone Number
Email Address		
Name of Payor’s Financial Institution (the “Processing Institution.”)		
Street		
City	Postal Code	Account Number

I/We have attached a specimen cheque marked “VOID” (or appropriate printout from online banking). I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

2. Payee’s Name and Address:

<b>First Baptist Church Halifax</b>		
<b>1300 Oxford St. Halifax, NS B3H 3Y8</b>		
<b>902-422-5203</b>	<b>accounting@fbchalifax.ca</b>	

- I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the “Account”) in accordance with the Rules of the Canadian Payments Association.
- I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
- I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Associations) (the “PAD”) drawn on the Account, for the following purpose:

**Donation (Offering) to church**

6. I/We may cancel the Authorization or change the authorized amounts at any time upon providing written notice to the Payee at least 10 business days prior to the date the change is to take effect.
7. I/We acknowledge that provisions and delivery of the Authorization to the Payee constitutes delivery by us to the Processing Member. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.
8. The Payee may issue a PAD **on the first business day of each month** effective the 1<sup>st</sup> day of \_\_\_\_\_ (month/year) in the dollar amount listed below:

\_\_\_\_\_ \$ \_\_\_\_\_ (recurring monthly amount)

9. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.
10. I/We may dispute a PAD only under the following conditions:
  - a. The PAD was not drawn in accordance with the Authorization
  - b. The Authorization was revoked

I/We acknowledge that in order to be reimbursed a declaration to the effect that either (a) or (b) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account.  
I/We acknowledge that when disputing any PAD beyond the time allowed in this section it is a matter to be resolved solely between me/us and the Payee, outside the payments system.
11. I/We agree that the information contained in the Authorization may be disclosed to royal Bank of Canada as required to complete any PAD transaction.
12. I/We understand and accept terms of participating in this PAD plan.
13. I/We ask that our donation / offering be designated to the fund (or funds) as noted below:

FBCH Current Expenses: \_\_\_\_\_

Other – Please specify: \_\_\_\_\_

\_\_\_\_\_

Envelope # \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_ (if 2<sup>nd</sup> signature is required)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Completed form can either be dropped off at the church office or emailed to [accounting@fbchalifax.ca](mailto:accounting@fbchalifax.ca).