



FIRST
BAPTIST
CHURCH
HALIFAX

FBCH Pre-Authorized Offering Plan (POP)

Payee: First Baptist Church Halifax, 1300 Oxford St. Halifax B3H 3Y8

Contact Information: 902-422-5203; office@fbchalifax.ca

Complete 1, 2, 3 of this PAD Agreement (Pre-Authorized Debit Agreement):

1. Payor: Account Holder Name and Account Number

Last and first name(s) of account holder(s)			Telephone No.
Address (street, city, province)			Postal Code
Name & Address of the financial institution for the account:	Institution No.	Transit No.	Account No.
Contact Email Address:			

2. Payor: Withdrawal Authorization

Interval: I/We, the undersigned authorize the Payee to make pre-authorized debits (PAD) from my account with the aforementioned financial institution, at the following interval:

- Monthly on the first business day of each month, **OR**
 Monthly on the 15th day of the month or the first business day following the 15th day of the month.

Withdrawal Amount:

- A fixed amount of \$ _____

By default, the funds will be designated to the General Fund. Should you wish to allocate a portion of the donation to any other fund(s), please indicate below:

Baptist Connections Fund \$ _____; **Social Justice Fund** \$ _____; **Other (please specify)** \$ _____

Change or cancellation:

I shall inform the Payee in writing of any changes to this Agreement including cancellation, increase or decrease in amount, providing at least 15 business days' notice prior to the date the change is to take effect.

I retain the right to revoke my authorization at any time, with a pre-notification of 15 business days (maximum 15 business days). To obtain a sample of the cancellation form or for more information on my right to cancel a PAD Agreement, I may contact the payee or my financial institution or visit the Canadian Payments Association Web site at www.cdnpay.ca. I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part.

I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization.

I acknowledge that the delivery of this authorization to the Payee constitutes delivery by me to the aforementioned financial institution.

Reimbursement

I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may contact my financial institution or visit www.cdnpay.ca.

Consent to Disclosure of Information

I hereby consent to the disclosure of the information contained in my pre-authorized debit enrolment agreement to the financial institutions required, provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits.

3. Payor(s): Signature of Account Holder(s)

Signature of Account Holder	Date (dd/mm/yr)

Second Signature, if two required	Date (dd/mm/yr)
<p>IMPORTANT: If available, please attach or scan a personal cheque marked "VOID" to avoid errors in transcription. If you change your account or financial institution, please advise the payee organization.</p>	