

Pre-Authorized Debit Agreement (Payor's PAD Agreement)

New Authorization:
 Cancellation Notice:
 Change to Existing:

Payee Information: Credit (Transfer to)

Account Holder(s) (the "Payee"): Fort Garry Evangelical Mennonite Church

Address: 602 Pasadena Ave., Winnipeg, MB R3T 2S9

Account Information: Route: Transit: Account:

Payor Information: Debit (Transfer From) Please notify the payee immediately of any changes to account information

Account Holder(s) (the "Payor"): _____

Financial Institution: _____
 ("Processing Institution")

Address: _____

Address: _____

Phone Number: _____

Account Information: Route: Transit: Account:

**ATTACH
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HERE**

Transaction Information:

Pad Type: Personal PAD
 Funds Transfer PAD
 Business PAD

CPA transaction Type: 4 8 0

Purpose of Payment:
Donation

Amount of Payment
 Fixed: \$ _____

Variable: Not to exceed \$ _____

Frequency:

- | | |
|---------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Monthly __ day of month |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly __ day of month |
| <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Semi Annual __ day of month |
| <input type="checkbox"/> Semi-Monthly 15 th & last | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Monthly, Last Day | <input type="checkbox"/> Other _____ |

First Due Date ____ / ____ / ____
yy mm dd

Last Due Date ____ / ____ / ____
yy mm dd

Sporadic

AUTHORIZATION

I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on page 2. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

 Signature of Payor

 Date

 Signature of Payor

 Date

Note: If only one signature is required for the account, then only one Payor need sign. However if two or more signatures are required then both or all Payors must sign.

CANCEL PAYMENT (_____ days notice is required **before** the next PAD will be issued. Cannot exceed 30 days)

 Signature of Payor

 Date

 Signature of Payor

 Date