

Pre-Authorized Withdrawal (PAW) Authorization
General Fund Donations

St. Paul's Anglican Church - (hereinafter referred to as the Payee)

20 Young Road, Kanata, Ontario K2L 1W1

Phone: 613-836-1001

Website: www.stpaulshk.org

Name(s) : _____ (hereinafter referred to as the Payor(s))

Address: _____ Postal Code: _____

Phone: _____ E-mail: _____

Please include a VOIDED cheque with your signed pre-authorized withdrawal application.

I (we) authorize the Payee to process a personal debit, in paper, electronic or other form in the amount of \$ _____ on my (our) account monthly, beginning on the last business day of _____, 200__.

I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization plan as written below.

Signature

Date

Signature

Date

I (we) warrant that all persons whose signature(s) are required to sign on this account have signed this agreement.

Terms and Conditions

I (we) authorize the Payee to debit my (our) account as indicated on the attached "voided" cheque under the terms and conditions agreed to by me (us) with the Payee until such time as written notice to the contrary is given.

I (we) acknowledge that delivery of my (our) authorization to the Payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the debit(s) are drawn in accordance with this authorization.

I (we) will notify the Payee in writing (1) of any changes in the account information provided or (2) to revoke this authorization, not greater than 30 days nor less than 5 days prior to the next due date of the pre-authorized debit. The Payor may obtain a revocation form from the Payee or further information on their right to cancel from their financial institution or by visiting www.cdnpay.ca.

Items charged to my(our) account under any of the following conditions will be reimbursed subject to written notification by me (us) to the Payee within 90 days:

- a) The pre-authorized debit was not drawn in accordance with my (our) authorization;
- b) My (our) authorization was revoked;

I (we) have certain recourse rights if any debit does not comply with this agreement. For example, I (we) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on my (our) recourse rights, I (we) may contact my (our) financial institution or visit www.cdnpay.ca.