

# CAFT Pre-Authorized Debit (PAD) Agreement

- Five (5) business days notice is required to process all requests.

## PAYOR INFORMATION (Account Holder) – account to be debited

Name  
 Address City Province Postal Code  
 Phone Email

## PAYEE INFORMATION – account to be credited

Name Immanuel Lutheran Church  
 Address 20 Rocky Mountain Blvd. West City Lethbridge Province AB Postal Code T1K 8E1  
 Phone 4033274336 Email frs@immanuelutheran.ca

PAYMENT DETAILS:  New

Payment Type	Account Type	Amount	Frequency	Start Date
Donations				
Other:	Sub#:	Fixed \$	Monthly	

Payor Account (the Payor's account at the Processing Institution; the "Account")

Attach a specimen cheque marked "VOID" or complete the following:

Institution	Branch I.D.	Account Number
0		

## AUTHORIZATION

I/We acknowledge that this Authorization is provided for the benefit of Servus Credit Union 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 Payments Canada.

By signing this Authorization, the Payor acknowledges having received and having read a copy of this PAD Agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this PAD Agreement, and agrees to be bound by the terms and conditions of this PAD 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.

**WAIVER OF PRE-NOTIFICATION AND CONFIRMATION:** I/We waive any and all requirements for pre-notification or confirmation under Rule H1 of the CPA Rules of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

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

## CANCEL PAYMENT - Five (5) business days notice is required to cancel payment.

The Payor(s) hereby cancel this Pre-Authorized Debit (PAD) Agreement effective:

Payor Signature Date Payor Signature Date

Note: Retain this agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.