

# THE CITY CHURCH OF MISSISSAUGA

## Pre-Authorized Giving Form (Electronic Funds Transfer)

Please fill out this form to request pre-authorized giving, which helps us to ensure efficient and accurate data entry for official Canadian tax receipts.

### APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name(s):

\_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_  
Last First Middle Initial

Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Province Postal Code

Phone No.: ( ) Email: \_\_\_\_\_

I am a new donor  OR I am an existing donor , Envelope # \_\_\_\_\_

### PRE-AUTHORIZED WITHDRAWAL

I would like to give through pre-authorized withdrawal. I / we authorize The City Church of Mississauga to process a debit in electronic form from my (our) bank account as follows:

Tithes & Offerings \$ \_\_\_\_\_

Frequency (please select one option)

Weekly (Monday\*)

Bi-Weekly (every 2<sup>nd</sup> Monday\*)

Semi-Monthly (1<sup>st</sup> & 16<sup>th</sup>)

Monthly (1<sup>st</sup> of each month)

*\* If Monday is a holiday, this debit will be processed the next business day.*

By signing below, I / we acknowledge that I / we have read and understand all the provisions contained in the terms and conditions of the pre-authorized payment authorization attached to this form. This authorization will be in force until notice in writing is given to stop the direct withdrawal.

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

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

Print Name: \_\_\_\_\_

(mm/dd/yyyy)

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

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

Print Name: \_\_\_\_\_

(mm/dd/yyyy)

**Please return this form, signed with void cheque attached, and drop it off at Guest Services on Sunday morning, or mail to:**

**The City Church  
Attn: Mrs. Lee Groen  
2700 Argentia Road  
Mississauga, ON L5N 5V4**

## **PRE-AUTHORIZED WITHDRAWAL TERMS and CONDITIONS**

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(or Payor's authorization for Pre-authorized debits for personal/household purposes)

1. 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.
  2. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
  3. I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association/CPA) (the "PAD") drawn on the Account, for the purpose of Charitable Donations.
  4. I/We may cancel the Authorization at any time upon providing written notice to the Payee.
  5. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.
  6. The Payee will provide to me/us, at the address provided in Section 1:
    - (a) with respect to fixed amount PAD's, written notice of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date"), at least 10 calendar days before the Payment Date of the first PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s);
    - (b) with respect to variable amount PADs, written notice of the Payment Amount and the Payment Date(s), at least 10 calendar days before the Payment Date of every PAD; and
    - (c) with respect to a PAD plan that provides for the issuance of a PAD in response to a direct action of mine/ours (such as, but not limited to, a telephone instruction) requesting the Payee to issue a PAD in full or partial payment of a billing received by me/us for a payment obligation that meets the requirements of Section 2 of Rule H4 of CPA, no notice is required.
  7. 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.
  8. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
  9. 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; or
    - (c) pre-notification, as required under Section 8, was not received. I/We acknowledge that in order to be reimbursed a declaration to the effect that either (a), (b) or (c) 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.
10. 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.
  11. I/We understand and accept the terms of participating in this PAD plan.