

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS



1. Payor's Name and Address – please print

I/We warrant and represent that the following information is accurate.

Mr, Mrs, Ms, Miss	Surname	First Name
Street		
City/Prov	Postal Code	Telephone Number

Name of Payor's Financial Institution (the "Processing Institution")		
Street		
City/Prov	Postal Code	Account Number

I/We have attached a specimen cheque marked "VOID" to this payor authorization (the Authorization").

I/We will inform Olivet Baptist Church, 613 Queens Avenue, New Westminster, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

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 Olivet Baptist Church to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose:
financial support of Olivet Baptist Church and all its ministries.
 4. I/We may cancel the Authorization at any time upon providing written notice to the Payee.
 5. Olivet Baptist Church may issue a PAD on the **1ST** _____ **or 15th** _____ of **the month** in a dollar amount of \$_____. (✓ check the date you prefer)
- Effective Date: _____
(mm/yyyy)
6. I/We may dispute a PAD only under the following conditions:
 - i. the PAD was not drawn in accordance with the Authorization;
 - ii. the Authorization was revoked.
 7. 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.
 8. I/We understand and accept the terms of participating in this PAD plan.

613 Queens Avenue
 New Westminster, BC
 V3M 1L1
 T: 604.522.0232
 F: 604.522.0702
 office@olivet.bc.ca
 www.olivet.bc.ca