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"): The Meeting Place Fellowship Inc.

Address: B100 - 143 Smith St. Wpg MB R3C 1J5

Account Information: Route: 8 7 9 Transit: 5 0 0 4 7 Account: 5 0 1 4 4 8 8

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

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

_____

Address: _____

_____

Phone Number: _____

Financial Institution: _____
("Processing Institution")

Address: _____

_____

Account Information: Route: ☐☐☐☐ Transit: ☐☐☐☐☐ Account: ☐☐☐☐☐☐☐☐☐☐☐☐

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Transaction Information:

Pad Type:
- ☐ Personal PAD
- ☑ Funds Transfer PAD
- ☐ Business PAD

Purpose of Payment: Donation

Amount of Payment
Fixed: $_____

Frequency:
- ☐ One Time
- ☐ Weekly
- ☐ Bi-Weekly
- ☐ Semi-Monthly 15th & last
- ☐ Monthly, Last Day
- ☐ Monthly __ day of month
- ☐ Quarterly __ day of month
- ☐ Semi Annual __ day of month
- ☐ Annual
- ☐ Other _____

First Due Date ____ / ____ / ____ (yy / mm / dd)

Last Due Date ____ / ____ / ____ (yy / mm / dd)

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.

X _____ Signature of Payor _____ Date

X _____ Signature of Payor _____ Date

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

WAIVER OF PRE-NOTIFICATION (*Does not apply to sporadic PADS*)

I/We waive any and all requirements for pre-notification 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.

_____ Signature of Payor _____ Date

_____ Signature of Payor _____ Date

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