

**TRULLS ROAD FREE METHODIST CHURCH  
CONFIDENTIAL APPLICATION FOR PRE-AUTHORIZED DONATIONS (PAD)**

**Your Name & Address – please print**

Last Name ..... First Name..... Initial.....

Address .....

City ..... Province ..... Postal Code .....

Telephone: Home # (.....)..... Mobile # (.....).....

**Bank Name & Address – please print**

Bank ..... Branch Number ..... Account Number\*.....

Address .....

City ..... Province ..... Postal Code .....

*\*This account must have chequing privileges*

Pre-authorized donations will be submitted on the 1<sup>st</sup> and/or 15<sup>th</sup> of each month. You may select your donation to be withdrawn on both of these dates (24 annual submissions), or monthly (12 annual submissions).

Please choose the recurring dates(s) and amount for withdrawal.

1<sup>st</sup> and/or 15<sup>th</sup> of the month \$50.00 \$100.00 \$200.00 \$300.00 \$400.00 OR Other \$.....

Designation: \$..... General Operating \$..... Benevolent

What month/year would you like your donation to begin? ..... 20.....

Church Envelope Number .....(if you do not have an envelope number, one will be assigned)

**Please attach a blank cheque marked VOID or an Account Information form from your bank for the account your donation will be withdrawn.**

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I hereby authorize Trulls Road Free Methodist Church, 2301 Trulls Road, Courtice Ontario to arrange automatic deductions from my bank account in the amount and frequency specified above. I understand that these funds will be allocated as indicated above. I also agree that the information contained herein may be disclosed to the Royal Bank of Canada as required to complete any PAD transactions. I understand that this authorization will remain in effect until I notify the church, in writing, of my desire to have it modified or terminated. I have read and understand the terms & conditions on the reverse side of this application.

Name..... Signature..... Date.....

*Thank you for choosing pre-authorized donations as a method of giving to Trulls Road Free Methodist Church. Please note that your donation will be in confidence between the church administrator/treasurer/bookkeeper who will perform the electronic submission and receive the reconciliation reports. As well, you may continue to give through normal weekly envelope offerings. Special offerings can be made through the regular offering envelopes.*

FOR OFFICE USE ONLY: PAD Tracking number..... Date.....20.....

- 1) I/We acknowledge that the Authorization provided for the benefit of the Payee and 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 acknowledge that the Processing Institution is not required to verify that a Pre-Authorized Debit has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of the payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused by the Payee on the Account.
- 3) 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 has not been received

I/We acknowledge that in order to be reimbursed a declaration to the effect that either 3a, 3b or 3c 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 between me/us and the Payee, outside the payment system.