

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	Telephone

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)

OPTIONAL:

Donation Split:	General Fund:	\$ _____	Note: if no split is chosen, we will assume that the full amount is for the General Fund
	International Justice Mission:	\$ _____	
	Journey Home Community:	\$ _____	
	TOTAL	\$ _____	

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 the Authorization was revoked.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.

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