

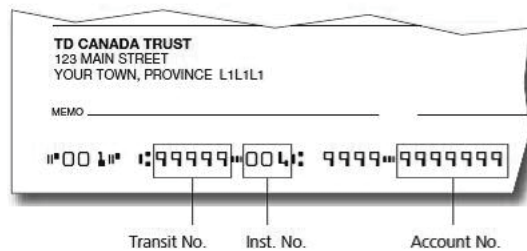
## Payor's Authorization for PRE-AUTHORIZED DEBITS (PAD) for Monthly Giving to Lutheran Church of the Cross Victoria

1) Payor's Name and Address - please print

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

Surname	First name	Mr. Mrs. Ms. Miss Mx.
Address		
City	Postal Code	Telephone # ( )
Email Address		

Name of Payor's Financial Institution (the Processing Institution)		
Branch	Address	
City	Postal Code	
Transit No.	Inst. No.	Account No.



Please debit my bank account: (I/We have attached a specimen cheque marked "VOID" to this Payor's Authorization)

The Payee may issue a PAD once a month, on the 1st day of each month for a contribution in a dollar amount up to a maximum of \_\_\_\_\_. The payment will be debited on the next business day if the 1<sup>st</sup> falls on a Saturday, Sunday or a statutory holiday. I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization at **least 10 days prior** to the next due date of the PAD.

2) Payee's Name and Address

<b>Lutheran Church of the Cross Victoria</b> <b>3787 Cedar Hill Rd.</b> <b>Victoria, BC V8P 3Z4</b>
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3) I/We acknowledge that the Authorization is provided for the benefit of the **Lutheran Church of the Cross Victoria** and the **Processing Institution**.

4) I/We hereby authorize the **Lutheran Church of the Cross Victoria** 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: **Charitable Contributions**.

5) I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

6) I/We may revoke the Authorization at any time upon providing written notice to the **Lutheran Church of the Cross Victoria** at least 10 days prior to the next due date of the PAD. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution.

7) I/We have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution.

