

PAD AGREEMENT

Company: Calgary Centre for Spiritual Living (CCSL)

Definitions

In this Agreement:

"I", "We", "Our", "My", "Me", "Payor" refers to the person signing this Agreement;

Pre-Authorized Debit ("PAD"): means a pre-authorized debit payment Time in electronic form drawn pursuant to this agreement on my account at my Financial Institution ("FI").

Operation

I understand and undertake that:

- (a) this authorization is for the benefit of CCSL ("the Company")
 And my financial institution ("FI") where I have my account. My FI agree to process debits against my account in accordance with the rules of the Canadian Payment Association ("CPA");
- (b) giving this authorization to the Company is the same as giving it to my FI;
- (c) my FI is not required to verify that the PAD conforms with my authorization:
- (d) my FI is not required to verify that the purpose of payment to which this PAD relates has been fulfilled;
- revoking this authorization does not terminate any contract between me and the Company. My authorization applies only to the method of payment and has no bearing otherwise on the contract;

Pre-Notification

The Company and I agree to hereby waive all notification requirements from the Company for variable amount PADs.

Cancellation

Signature

Date

I/We may revoke my/our authorization at any time, subject to providing notice of at least 10 days prior to next debit due date. I/We must advise the Company in writing or by signing the cancellation area below. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I/We may contact my FI or visit www.cdnpay.ca.

The Account

I confirm that:

- (a) all persons required to sign on my account with my FI have signed this agreement;
- (b) I certify that all of the personal and account information recorded in this Agreement is correct. I will inform the Company in writing of any change to such information at least 10 business days prior to the next due date of the PAD.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We 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/our recourse rights, I/we may contact my/our FI or visit www.cdnpay.ca.

I understand that:

- (a) I may dispute a PAD and may claim for reimbursement if:
 - (i) the PAD was not drawn in accordance with this Agreement; or
 - (ii) the Agreement was revoked; or
- (iii) no Agreement exists between me and the purported payee.
- (b) if I am claiming reimbursement, I must, within 90 calendar days of the date of posting of a personal PAD or Funds Transfer PAD or 10 business days in the case of a Business PAD, complete a declaration to my FI that I have a claim for one of the reasons given in the preceding paragraph;
- (c) in the case where the declared condition is "no Agreement exists between me and the purported Payee", I may claim reimbursement within 90 calendar days after the posting date on my account statement which shows the improperly processed debit;
- (d) any claim relating to a PAD which is advanced after the expiry of the time in the preceding paragraph or any Funds Transfer PADs is strictly a matter between me and the Company.

Address: 4411 Manitoba Rd SE Calgary, AB T2G 4B9

Charitable Registration Number: 106897903RR0001

Fax: 403-245-3016

www.calgarycsl.org

Tel: 403-244-8728

Email: office@calgarycsl.org

I authorize the processing of a PAD through my account as detailed below	ow:
Payor Name(s): Customer's Name (i.e. John Smith)	
Name of FI: Customer's Bank (i.e. ABC Bank)	
Address of FI (Customer's Bank):	Phone:
MICR Field Information (attach a void cheque if possible):	
Branch# Bank#	Account#
Frequency: ("X" One):	☐ Monthly Fixed Amount: \$
This account is: □ Personal □ Business	
I understand and agree to the terms and condition	ions of this Agreement.
Date Signature	
Authorization to cancel PAD	Company Name: Calgary Centre for Spiritual Living