



INSTRUCTIONS

1. The Payee must retain this agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.
2. The Payee can obtain the transaction type code from the CPA website. See CPA Rule 005, Standards for the Exchange of Financial Data on AFT Files (Section D, Appendix 2, Transaction Types).
3. The Payee will insert the number of days required to cancel a payment in the "Cancel Payment" Section (cannot exceed 30 days).

PAYOR/PAYEE INFORMATION (Mandatory)

Account Holder Name(s) (the "Payor")

Address (street, city, province, postal code)

Email Address Phone No.

Payee Name (the "Payee") same as Payor
Wilmot Centre Church
 Address (street, city, province, postal code)
2463 Bleams Rd. Petersburg, Ontario NOB 2H0
 Email Address Phone No.
office@wilmotcentre.church 519-634-8687

PAYMENT DETAILS Specimen cheque marked "VOID" attached.

Description of PAD (optional) Donation	CPA Transaction Type Code 4 8 0	Payment Type (Choose one only.) <input checked="" type="checkbox"/> Personal PAD <input type="checkbox"/> Business PAD <input type="checkbox"/> Funds Transfer PAD	Payor Financial Institution Name and Address (the "Processing Institution")
	Amount of Payment <input type="checkbox"/> Fixed \$ [redacted] <input type="checkbox"/> Variable (Maximum Amount): \$	Dates <input type="checkbox"/> Weekly beginning <input checked="" type="checkbox"/> Bi-weekly beginning <input type="checkbox"/> Monthly beginning <input type="checkbox"/> Other* <input type="checkbox"/> Sporadic	Payor Account (The Payor's account at the Processing Institution; the "Account".) Institution No. Branch ID Account No. 0 [redacted]

*Specify intervals, set dates, or specific act, event, or other criteria that triggers PAD.

AUTHORIZATION (If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.)
 I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").
 I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.

By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, including the terms and conditions

X [redacted] Payor Signature Date

X [redacted] Payor Signature Date

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.

X [redacted] Payor Signature **X** [redacted] Payor Signature

CANCEL PAYMENT (____ days notice is required before the next PAD will be issued. Cannot exceed 30 days.)
 The Payor hereby cancels this Payor's PAD Agreement effective: _____

X [redacted] Payor Signature Date

X [redacted] Payor Signature Date