

Pre-Authorized Debit Authorization FormAuthorization - New ☐ Change form ☐ Cancel ☐

If you are using this form to make a change, please highlight the changes required.

Payor's Information:

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone Numbers Home: _____ Work: _____

Email _____

Authorization to Debit Financial Institution:

(For verification purposes, please attach one of your personal cheques marked VOID.)

Name of Institution: _____ Route (Bank Institution) #: _____ (3 digits)

Branch Address: _____ Account #: _____

City & Province: _____ Transit (Bank Location) #: _____ (5 digits)

Amount \$ _____ Start Date: Day

1 st	<input type="checkbox"/>
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 or

15 th	<input type="checkbox"/>
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 Month _____ Year _____Frequency:

Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Semi-Annually	<input type="checkbox"/>	Annually	<input type="checkbox"/>
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Designation of donation: _____

The purpose of this Pre-Authorized Debit (PAD) is for donations. I understand and agree that I will be responsible for any costs which may be incurred to cancel, recall or stop payment on this direct transfer. As well, any charges that result from not stopping this transfer will be my expense. I have attached a specimen cheque marked "VOID" to this form. I will inform Mennonite Central Committee Canada, in writing, of any change in the information provided on this form prior to the next due date of the PAD.

Date: _____ Signature: _____

This authorization may be canceled at any time upon written notification to Mennonite Central Committee Canada. However, you would need to give at least 2 weeks notice prior to the next scheduled PAD to prevent it from debiting your account. Please be informed, too, that it will take at least 2 weeks before automatic deductions can begin. Mennonite Central Committee Canada may delegate your PAD authorization to your provincial MCC office.

Annual receipt will be issued.

TERMS AND CONDITIONS

1. I/We hereby authorize the Payee, in accordance with the terms of my/our account agreement with the Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Type" section on page 1 of this agreement.
2. Particulars of the Account that the Payee is authorized to debit are indicated in the "Payment Details" section on page 1 of this agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this agreement.
3. I/We undertake to inform the Payee, in writing, of any change in the Account information provided in this agreement prior to the next due date of the PAD.
4. This agreement is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days before the next PAD is to be issued as noted in the "Cancel Payment" section of this agreement. I/We acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this agreement from the Processing Institution or by visiting www.payments.ca.
5. Revocation of this agreement does not terminate any contract for goods or services that exists between me/us and the Payee. This agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
6. I/We acknowledge that provision and delivery of this agreement to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of this agreement to the Payee constitutes delivery by the Payor.
7.
 - a) If this agreement is for business or personal PADs, unless I/we have waived any and all requirements for pre-notification or confirmation of debiting in the "Waiver of Pre-Notification and Confirmation" section of this agreement (in which case I/we will receive a confirmation from the Payee within 5 calendar days following the date of the first PAD), I/we acknowledge that I/we will receive:
 - (i) a confirmation from the Payee in accordance with Rule H1 of the Canadian Payments Association, at least 10 calendar days before the due date of the first PAD; and
 - (ii) with respect to business or personal PADs recurring at set intervals, pre-notification from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before: (A) each and any change in the amount of a fixed amount PAD which results from a change in any applicable tax rate, a top-up, or other adjustment and of any change to the due date of such PAD; and (B) the due date of every variable amount PAD after the first PAD.
 - b) Notwithstanding Section 7(a)(ii), no pre-notification is required for personal PADs and business PADs recurring at set intervals: (i) where the amount of the PAD will decrease as a result of a reduction in municipal, provincial or federal tax; or (ii) the amount of the PAD will change as a result of my/our direct action requesting the Payee to change the amount of the PAD (such as, but not limited to, telephone instructions or other remote measures).
 - c) Pre-notification or confirmation may be given in writing or in any form of representing or reproducing words in visible form, which, if I/we have provided an email address to the Payee, includes an electronic document. The amount of pre-notification or confirmation provided will change when there is a change in the pre-notification or confirmation requirements contained in the CPA Rules.
8. If this agreement provides for PADs with sporadic frequency, I/we understand that the Payee is required to obtain an authorization from me/us for each and every PAD prior to the PAD being exchanged and cleared in accordance with Rule H1 of the CPA Rules. I/We agree that a password or security code or other signature equivalent will be issued and will constitute valid authorization for the Processing Institution to debit the Account.
9. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of this agreement, including, but not limited to, the amount.
10. I/We acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.
11. I/We acknowledge that, if this agreement is for personal or business PADs or for funds transfer PADs that have recourse through the clearing system, a PAD may be disputed under the following conditions:
 - a) the PAD was not drawn in accordance with this agreement;
 - b) this agreement was revoked; or
 - c) confirmation, pre-notification or notice was required and was not received.I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either a), b), or c) took place must be completed and presented to the branch of the Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or a funds transfer PAD that has recourse through the clearing system or, in the case of a business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.
12. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and the Payee and there is no entitlement to reimbursement from the Processing Institution.
13. I/We acknowledge and agree that if this agreement is for funds transfer PADs and the Payee does not provide recourse through the clearing system, then no recourse will be provided through the clearing system (that is, I/we will not receive automatic reimbursement in the event of a dispute) and I/we must seek reimbursement or recourse from the Payee in the event a PAD is erroneously charged to the Account.
14. Unless this agreement is for a funds transfer PAD that does not have recourse through the clearing system, I/we acknowledge that 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 can contact my/our financial institution or visit www.payments.ca.
15. I/We acknowledge that the Payee may terminate this agreement upon 14 days written notice. Notwithstanding the foregoing, for One-Time PADs, this agreement will no longer be valid once the payment has been fulfilled. Any subsequent PADs will require a newly authorized PAD agreement. **In the event that the Payor cancels the goods and services agreement to which the PADs under this agreement relate, this agreement shall automatically be cancelled.**
16. I/We acknowledge that I/we understand that I/we am/are participating in a PAD plan established by the Payee and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
17. I/We consent to the collection, use, and disclosure of any personal information that may be contained in this agreement to the financial institution that holds the account of the Payee to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the CPA Rules.
18. This agreement is governed by the laws of Manitoba and the federal laws of Canada applicable therein. I/We irrevocably attorn to the exclusive jurisdiction of the Manitoba courts situated in the City of Winnipeg.