



Pre-authorized Debit Agreement (PAD Agreement)

1. Payor Information (Please print clearly)																													
Name																													
Mailing Address		Phone Number																											
City	Province	Postal Code																											
2. Payor Bank Account Information ("Account") and Payment Details																													
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Financial Institution Name																													
Financial Institution Branch Address																													
Debit Amount \$ _____	Account Type <input type="checkbox"/> Chequing <input type="checkbox"/> Savings																												
Transaction Date (1 st or 16 th of Month) From:	Please attach a void cheque.																												
To: <i>(leave this field blank if you'd like the payment to continue indefinitely)</i>																													
Frequency of each pre-authorized debit ("PAD"): <input type="checkbox"/> Monthly <input type="checkbox"/> One-time* If PADs occur monthly : Regular monthly payments for the full amount of services delivered will be debited from my/our specified Account on the (choose one) <input type="checkbox"/> 1 st <input type="checkbox"/> 16 th day of each month. These services are for payment of all charges arising under my/our The Table Missionary Society account(s). * If this PAD occurs on a one-time basis , this PAD Agreement will no longer be valid once the payment has been fulfilled. For any subsequent PAD The Table Missionary Society, shall obtain a new payor's PAD agreement and due authorization from me/us in accordance with rule H1 (" Rule H1 ") of the Canadian Payments Association (" CPA ", operating as Payments Canada). ** For any PAD(s) that occur(s) on a sporadic basis , The Table Missionary Society shall obtain due authorization from me/us in accordance with Rule H1 for each PAD that The Table Missionary Society issues against me/us.																													



3. Pre-Authorized Debit Details

Authorization: I/We acknowledge that this PAD Agreement is provided for the benefit of The Table Missionary Society, as the payee, and is provided in consideration of Vancouver City Savings Credit Union agreeing to process debits against the Account (designated above) with my/our financial institution (or any other financial institution I/we may authorize at any time) in accordance with CPA rules.

I/we confirm that we have authority under the terms of my/our Account agreement to authorize this debit arrangement.

By signing this PAD Agreement, I/we acknowledge having received and read a copy of this PAD Agreement, including the terms contained herein; I/we acknowledge that I/we understand the terms of this PAD Agreement; and I/we agree to be bound by the terms of this PAD Agreement.

I/we authorize at any time in the Transaction Date period indicated above, for PADs to be drawn on my/our Account according to this PAD Agreement.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed this PAD Agreement.

Confirmation and Pre-notifications: The Table Missionary Society will, at least 10 calendar days before the due date of the first PAD, provide me/us a confirmation in accordance with Rule H1.

For **fixed-amount, set interval PADs** (e.g., monthly PADs) The Table Missionary Society, will provide me/us with 10 days' prior written notice specifying the amount and date of the next PAD before any changes are made to the fixed amount PAD and of any change to the scheduled payment date(s), unless an exception under Rule H1 applies.

For **variable amount PADs**, after the first PAD, The Table Missionary Society will provide me/us with 10 days' prior written notice specifying the amount and date of the next PAD before the due date of the variable amount PAD, unless an exception under Rule H1 applies.

Cancellation of PAD Agreement: I/we acknowledge that I/we may revoke, change or cancel my/our authorization under this PAD Agreement at any time in writing to The Table Missionary Society. I/we understand and accept that this notification must be provided to The Table Missionary Society at the contact information indicated below at least 30 calendar days before the next debit is scheduled.

Upon providing a notice of cancellation or revocation of authority, The Table Missionary Society will cease issuing in accordance with Rule H1.

To obtain a sample cancellation form, or for more information about my/our right to cancel this PAD Agreement, I/we acknowledge that I/we can contact my/our financial institution or visit www.payments.ca.

Recourse/Reimbursement: 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 may contact my/our financial institution or visit www.payments.ca.



4. Payee Contact Information:

Organization Name (Payee Name)
The Table Missionary Society

Address
626 Blanshard Street, Victoria, BC, V8W 3G6

Email Address
admin@tablechurch.ca

Phone Number
250-508-4420

I/We understand and accept the terms of entering into this PAD Agreement and participating in this PAD plan.

Signature of Account Holder X	Name
	Date
Signature of Joint Account Holder (if appropriate) X	Name
	Date

Note: If only one (1) signature is required for the Payor Account, then only 1 Payor signature is required to sign this PAD Agreement. If two (2) or more signatures are required for the Payor Account, then both or all Payors must sign this PAD Agreement.

Please submit completed and signed form to admin@tablechurch.ca