

**Arlington Woods Free Methodist Church
Pre-Authorized Giving Program**

AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN
Enrolment Form (Schedule A)

Name: _____ **Offering Envelope #:** _____

I/We wish to participate in the AWFMC Pre-Authorized Giving Program, as set out in herein (Schedule A), and as detailed in Schedules B and C of this "Consumer Pre-Authorized Debit Plan".

I/We wish to have my/our pre-authorized debit begin on: _____

I/We wish to enroll in the following Giving Program (please check **ONE** option)

Semi-Monthly Giving Option (1st and 16th day of each month)

Monthly Giving Option (last day of each month)

for _____ each withdrawal.

My/Our **TOTAL monthly commitment** will be: _____.

I/We understand that the above amount will be debited from my/our bank account until such time as amended or cancelled by me/us, in writing, and delivered to the AWFMC Teller Committee. I/We understand that a minimum of three weeks notice must be provided prior to any change taking place.

I/We confirm that a completed "Schedule B" (AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN - Authorization of the Payor to the Payee to Direct Debit an Account), and a completed "Schedule C" (AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN - Terms & Conditions), accompany this enrolment form, and that I/we have read, understand and agree to the terms and conditions set out in "Schedule C".

Dated in the city of _____, in the Province of _____

This _____ day of the month of _____, in the year _____

Signature

Signature

Bring the whole tith into the storehouse... "Test me in this," says the Lord Almighty, "and see if I will not throw open the floodgates of heaven and pour out so much blessing that you will not have room enough for it".

- Malachi 3:10

If you give you will receive. Your gift will return to you in full measure, pressed down, shaken together to make room for more, and running over.

- Luke 6:38

AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN

Authorization of the Payor to the Payee to Direct Debit an Account (Schedule B)

INSTRUCTIONS

1. Complete the “**PAYOR INFORMATION**” and the “**PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION**” sections (below), which authorizes your financial institution to make payments directly from your account to Arlington Woods Free Methodist Church;
2. Complete **Schedule A**, sign the Terms & Conditions (**Schedule C**); and,
3. Return the completed forms; namely, **Schedule A**, **Schedule B** and **Schedule C**, along with a “VOID” cheque, to the Arlington Woods Free Methodist Church office, to the attention of the Head Teller, in a sealed envelope.

PAYOR INFORMATION (please type or print clearly)

Account Holder (Payor) NAME(s):
Account Holder(s) Address:
Telephone #:
Account Holder (Payor) SIGNATURE(s):

PAYOR FINANCIAL INSTITUTION / BANKING INFORMATION (please type or print clearly)

Transit / Branch #	Institution / Bank #	Account #
Name of Financial Institution (Bank Name):		
Branch Name:		
Branch Street Address:		
Branch City, Province & Postal Code:		

PAYEE INFORMATION

<i>Arlington Woods Free Methodist Church</i> 225 McClellan Road Nepean, ON K2H 8N5 Telephone #: 613.596.9390 Email: giving@arlingtonwoods.ca

AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN

Terms & Conditions (Schedule C)

1. In this Authorization, “I”, “me” and “my” refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal, household or consumer purposes, and I authorize the Payee, Arlington Woods Free Methodist Church (hereinafter referred to as AWFMC), and any successor or assign of AWFMC to draw a debit in paper, electronic or other form, for the purpose of making payment for consumer goods or services (hereinafter referred to as “Consumer PAD”), on my account, at my financial institution (hereinafter referred to as “My Financial Institution”), both of which are noted on Schedule “B”, attached hereto, and I authorize My Financial Institution to honour and to pay such debits. This Authorization is provided for the benefit of AWFMC and My Financial Institution, and is provided in consideration of My Financial Institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Consumer PAD, and any Consumer PAD drawn in accordance with this Authorization, shall be binding on me, as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke this Authorization at any time, by delivering a written notice of revocation to AWFMC, to the address noted on Schedule “B”, attached hereto. This Authorization applies only to the method of payment, and I agree that revocation of this Authorization does not terminate or otherwise have any bearing on any contract that exists between AWFMC and me.
4. I agree that My Financial Institution is not required to verify that any Consumer PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfilment of any purpose of any Consumer PAD.
5. I agree that delivery of this Authorization to AWFMC constitutes delivery by me to My Financial Institution. Furthermore, I agree that AWFMC may deliver this Authorization to AWFMC’s financial institution, and I agree to the disclosure of any personal information which may be contained in this Authorization to such financial institution.
6. I understand that:
 - a) with respect to FIXED amount Consumer PADs, I shall receive written notice from AWFMC of the amount to be debited, and the due date(s) thereof, at least ten (10) calendar days before the due date of the first Consumer PAD, and that such notice shall be received every time there is a change in the amount or payment date(s);
 - b) with respect to VARIABLE amount Consumer PADs, I shall receive written notice from AWFMC of the amount to be debited, and the due date(s) thereof, at least ten (10) calendar days before the due date of every _____ Consumer PAD; and,
 - c) with respect to a Consumer PAD Plan that provides for the issuance of Consumer PAD in response to my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to issue a Consumer PAD in full or partial payment of a billing received by me, the ten (10) day pre-notification is waived.
7. I may dispute a Consumer PAD by providing a signed declaration to My Financial Institution under the following conditions:
 - a) the Consumer PAD was not drawn in accordance with this Authorization;
 - b) this Authorization was revoked; or,
 - c) ~~any~~pre-notification required by Section 6 was not received byI acknowledge that, in order to obtain reimbursement from My Financial Institution, for the amount of a disputed Consumer PAD, I must sign a declaration to the effect that (a), (b) or (c), above, took place, and present such declaration to My Financial Institution no later than ninety (90) calendar days after the date on which the disputed Consumer PAD was posted to my account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Consumer PAD solely with AWFMC, and that My Financial Institution shall have no liability to me respecting any such disputed Consumer PAD.
8. I certify that all information provided with respect to my account is accurate, and I agree to inform AWFMC, in writing, of any change thereto, at least ten (10) business days prior to the next due date of a Consumer PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Consumer PADs.
9. I warrant and guarantee that all persons whose signatures are required to sign on my account have signed this Authorization.
10. I have read, understand, and agree to the foregoing terms and conditions.
11. I agree to comply with the Rules of the Canadian Payments Association, or any other rules or regulations which may affect the services described herein, as my be introduced in the future, or are currently in effect, and I agree to execute any further documentation which may be prescribed, from time to time by the Canadian Payments Association, in respect of the services described herein.
12. **Applicable to the Province of Quebec only:** It is the express wish of the parties that this Authorization, and any related documents be drawn up and executed in English. Les parties conviennent que la présente autorisation et tous les documents s’y rattachant soient rédigés et signés en anglais.

PRINTED Name Of Account Holder

Signature

Date

PRINTED Name Of Account Holder

Signature

Date