



WestPark Church

EVERYDAY PEOPLE

955 Gainsborough Road
London ON N6G 5C9
Phone 519.471.7460
Fax: 519.471.7435
Web: www.westparkchurch.ca

Pre-Authorized Offering (PAO) Form

Name of Payor: _____

Address: _____

Phone #: _____ Email: _____

Offering Envelope #: _____

I/we authorize West Park Church to process a debit in paper, electronic, or other form . . .

in the fixed amount of \$ _____ from my/our account on the:

- ☐ 15th of each month ☐ last day of each month ☐ 15th and last day of each month
(or closest business day to these dates)

Designate as follows:

\$ _____ General Fund

\$ _____ Benevolent Fund

As of September 1, 2017, West Park Church implemented a unified budget in which all funds (Building and Missions) were consolidated with the General Fund.

- ☐ I/we acknowledge that I/we have received a copy and have read, understood and accepted all of the provisions contained in the Terms and Conditions of the Pre-Authorized Offering Form (attached).

Please attach a VOID cheque and submit this form in an envelope marked "Offering Secretary" to the Info Centre or church office.

Signature of Account Holder:

Signature of Joint Account Holder: *(if applicable)*

Name:

(Please print)

Name:

(Please print)

Date:

Date:

By completing this form, you give your consent to the use of this personal information by West Park Church. It will not be sold, rented, or leased. Your consent may be withdrawn at any time.

Pre-Authorized Offering (PAO) Terms and Conditions

Definitions

Payee: is West Park Baptist Church, to whose account the amount of the PAO will be credited.

Payor: is the person from whose account the PAO will be debited.

Personal/Household PAO: is a PAO drawn on the account of a Payor for payments such as, but not limited to, charitable donations, RSP and spousal RRSP contributions, mortgage instalments, utility bills, insurance premiums, membership fees, property taxes, credit card billings, and payments for other consumer goods and services.

Processing Institution: is LIBRO Credit Union, the institution performing the PAO.

I/we acknowledge that this authorization is provided for the benefit of (Payee) and (Processing Institution) and is provided in consideration of (Processing Institution) agreeing to process debits against my/our account in accordance with the rules of the Canadian Payments Association.

I/we warrant and guarantee that all persons whose signatures are required to sign on this account have signed the previous agreement.

I/we hereby authorize (Payee) to draw on (Payor's) account number _____ with (Processing Institution) for the purpose of donating to (Payee).

This authorization may be cancelled at any time upon notice by (Payor). I/we acknowledge that, in order to revoke this authorization, I/we must provide notice of revocation to (Payee) 10 days prior to the next PAD being issued. To obtain a sample cancellation form or more information on your right to cancel a PAD agreement, contact your financial institution or visit www.payments.ca.

I/we acknowledge that provision and delivery of this authorization to (Payee) constitutes delivery by (Payor) to (Processing Institution). Any delivery of this authorization to (Payee) constitutes delivery by (Payor).

(Payor) and (Payee) agree to waive the pre-notification requirement set out in Section 11 of Appendix II of rule H1 of the Canadian Payments Association.

I/we undertake to inform (Payee), in writing, of any change in the account information provided in this authorization prior to the next due date of the PAO.

The account that (Payee) is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked VOID and attached hereto.

I/we acknowledge that (Processing Institution) is not required to verify that a PAO has been issued in accordance with the particulars of (Payor's) authorization including, but not limited to, the amount.

I/we acknowledge that (Processing Institution) is not required to verify that any purpose of payment for which the PAO was issued has been fulfilled by (Payee) as a condition to honouring a PAO issued or caused to be issued by (Payee) on (Payor's) account.

Revocation of this authorization does not terminate any contract for goods or services that exists between (Payor) and (Payee). (Payor's) authorization applies only to the method of payment, and does not otherwise have any bearing on the contract for goods or services exchanged.

A PAO may be disputed by (Payor) under the following conditions:

- (1) the PAO was not drawn in accordance with (Payor's) authorization; or
- (2) the authorization was revoked; or
- (3) pre-notification was not received.

(Payor), in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2), or (3) took place must be completed and presented to the branch of (Processing Institution) holding (Payor's) account up to and including 90 calendar days in the case of a personal/household PAO, after the date on which the PAO in dispute was posted to (Payor's) account. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.payments.ca.

(Payor) acknowledges that a claim on the basis that (Payor's) authorization was revoked, or any other reason, is a matter to be resolved solely between (Payee) and (Payor) when disputing any PAO after 90 calendar days in the case of a personal/ household PAO.