

ANGLICAN DIOCESE OF BC

900 Vancouver Street, Victoria BC V8V 3V7
Tel: 250-386-7781 or 1-800-582-8627 and Fax: 250-386-4013
Email: collectionplate@bc.anglican.ca

St Peter and St Paul (Esquimalt)

**Request for Change to Payment of Regular Offerings
by Pre-Authorized Remittance**

Name _____
Address _____

Envelope Number _____

Change of Banking Information:

New Bank Name _____
Branch Address _____

City _____

New Transit number _____ New Bank/Institution number _____
New Account number _____

Change of Amount of Remittance:

1st of Month Remittance from \$. to \$.
Mid Month Remittance from \$. to \$.
End of month Remittance from \$. to \$.

Commencement Date for Change _____

IMPORTANT: If changing your banking information, please attach a voided blank cheque from the account you wish to use, to confirm the bank and account identification numbers.

I hereby authorize the Diocese of British Columbia on behalf of the parish of _____
to debit my account as indicated above on a continuing basis until altered or cancelled by me in writing.
This payment is for my personal donation as mentioned above.

Signature

Date

Recourse Statement:

You have certain recourse rights if any debit does not comply with this agreement. You have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

Pre-Authorized Debits/Donations/Remittances (PADs) Diocesan Electronic Collection Plate Program

The Canadian Payments Association (CPA) came out with some updated regulations regarding the use of Pre-Authorized Debits.

There are now seven elements of information that must be included in the agreements with individuals/donors (Payor) who wish to participate, and several supplementary elements that should be considered.

In short the Mandatory Elements are:

Date and Signature	- date when the PAD agreement is signed - Payor's authorization of the agreement
Authority to Debit Account	- a statement which clearly outlines what the Payor is agreeing to
PAD Category	- a statement indicating what the amount is for: personal payments, business payments, or transfers
Amount, Timing or Specified Event/Action	- a statement indicating how much, fixed or variable, and when the payment will take place
Cancellation of Agreement	- a statement that the Payor can <u>revoke the agreement</u> at any time, subject to providing notice (the Payee to determine the length of time needed - not to exceed 30 days) and that the Payor may obtain a sample cancellation form, or further information on their right to cancel a PAD Agreement, at their financial institution or by visiting www.cdnpay.ca
Contact Information	- the agreement needs to include reasonable and accurate contact information of the Payee so that a Payor may contact the Payee by any method of communication used by the Payee (eg postal address; fax number; telephone number; email address) to make inquiries, obtain information or seek recourse with respect to any PAD issued by the Payee.
Recourse/Reimbursement Statement	- Except for Fund Transfer PADs code "650" or "83", each Payor's PAD Agreement must contain the following statement in its entirety: "You (or I/We, depending on the context) have certain recourse rights if any debit does not comply with this agreement. For example, you (I/we) have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your (my/our) recourse rights, (I/we may) contact your (my/our) financial institution or visit www.cdnpay.ca/ "