

**DONOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBIT (PAD)
FOR CHARITABLE GIVING PURPOSES**



1. Donor's name and address – please print

I/We warrant and represent that the following information is accurate:

Dr. Mr. Mrs. Ms. Miss	Surname	First name
Street		
Town	Postal Code	Telephone Number
Bank Name	Branch	Bank account #
Bank Address	Type of account	

I/We have attached a specimen cheque marked "VOID" to this donor authorization form.

I/We will inform the recipient, in writing, of any change in the information provided in this section of the authorization prior to the next due date of the PAD.

2. Recipient (Payee)

Kamloops Alliance Church
200 Leigh Road
Kamloops, BC V2B 2L6 250-376-6268

3. Distribution:

General Fund	_____
Global Advance Fund	_____
Canadian Ministries Fund	_____
Community Care Fund	_____
Next Steps Fund	_____
Total	=====

4. Frequency and Dates:

Weekly on Fridays Bi-weekly on Fridays (alternate Fridays)
 Monthly on first day of the month Monthly on the 15th of the month
 Twice a month – on the 1st & 15th of the month

Start date to begin PAD: _____

5. Service is for (check one) _____ Personal or _____ Business Use

6. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, the "Account" in accordance with the Rules of the Canadian Payments Association.
7. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
8. I/We hereby authorize the Payee to issue Pre-Authorized Debit (as defined in Rule H1 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account.
9. I/We may cancel the Authorization at any time upon providing written notice to Kamloops Alliance Church (KAC) by completing the KAC PAD Cancellation Form provided by the Finance Department.
10. I/We acknowledge that provision and delivery of the Authorization to Kamloops Alliance Church constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to Kamloops Alliance Church, regardless of the method of delivery, constitutes delivery by me/us.
11. Kamloops Alliance Church will provide to me/us, at the address provided in Section 1:
 - i. with respect to fixed amount PADs, written notice of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date"), at least 10 calendar days before the Payment Date of the **first** PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s);
 - ii. with respect to variable amount PADs, written notice of the Payment Amount and the Payment Date(s), at least 10 calendar days before the Payment Date of **every** PAD.
12. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by Kamloops Alliance Church as a condition to honouring a PAD issued or caused to be issued by Kamloops Alliance Church on the Account.
13. The Authorization applies only to the method of donation and does not otherwise have any bearing on a contract for goods or services exchanged between Kamloops Alliance Church and the donor.
14. I/We may dispute a PAD only under the following conditions:
 - i. the PAD was not drawn in accordance with the Authorization;
 - ii. the Authorization was revoked; or
 - iii. pre-notification, as required under Section 9 was not received.

I/We acknowledge that in order to be reimbursed a declaration to the effect that either i. ii. or iii. took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account.

I/We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between me/us and the Kamloops Alliance Church, outside the donation system.

15. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAD transaction.
16. I/We understand and accept the terms of participating in this PAD plan.

Signature _____ Date _____

Signature _____ Date _____

Office Use Only

KAC Giving Number _____ Set Up Date _____

RBC Contract Number _____ Termination Date _____