



LUTHERAN CHURCH-CANADA
3074 Portage Avenue
Winnipeg, MB R3K 0Y2
Phone: 204-895-3433 1-800-588-4226
Fax: 204-897-4319
Email: accounting@lutheranchurch.ca

PRE-AUTHORIZED
PAYMENT AUTHORIZATION
Lutheran Church–Canada Mission Contributions

Payer Name(s) _____

Address: _____

City & Province _____

Phone Number _____ Email _____

I(we) authorize Lutheran Church-Canada to process a debit, in paper, electronic or other form in the amount of \$ _____ monthly from my (our) account beginning _____. The amount may be increased or decreased at a future date as agreed to in writing by us. The account to be debited is as identified on the attached specimen cheque marked "VOID".

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

Signature of Payer(s) _____ Date: _____

_____ Date: _____

Please retain a copy and return the original and a VOID cheque by:

Email: accounting@lutheranchurch.ca

Fax: 204-897-4319

Mail: Lutheran Church-Canada
3074 Portage Avenue
Winnipeg, MB R3K 0Y2

PRE-AUTHORIZED PAYMENT AUTHORIZATION – TERMS AND CONDITIONS

I(We) acknowledge that this Authorization is provided for the benefit of the Lutheran Church–Canada and _____(Processing Institution) and is provided in consideration of _____(Processing Institution) agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Authorization.

I (We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement.

I (We) hereby authorize Lutheran Church–Canada to draw on _____(Name of Payor) account number with _____(Processing Institution), for the following purpose _____.

This authorization may be cancelled at any time upon notice by _____(Name of Payor). I(We) acknowledge that, in order to revoke this authorization, I(We) must provide notice of revocation to Lutheran Church–Canada.

I(We) acknowledge that provision and delivery of this authorization to Lutheran Church–Canada constitutes delivery by _____(Name of Payor) to _____(Processing Institution). Any delivery of this authorization to you constitutes delivery by _____(Name of Payor).

The 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 Lutheran Church–Canada, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

The account that Lutheran Church–Canada 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 PAD has been issued in accordance with the particulars of the 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 PAD was issued has been fulfilled by Lutheran Church–Canada as a condition to honouring a PAD issued or caused to be issued by _____(Name of Payee) on _____(Name of Payor) account.

Revocation of this authorization does not terminate any contract for goods or services that exists between _____(Name of Payor) and Lutheran Church–Canada. The 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 PAD may be disputed by a Payor under the following conditions:

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

The 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 the Processing Institution holding the Payor’s account up to and including 90 calendar days in the case of a personal/household PAD (or up to and including 10 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to the Payor’s account.

The Payor acknowledges that a claim on the basis that the Payor’s Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing any PAD after (90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD).

DEFINITIONS

Business PAD: Means a PAD (Pre-Authorized debit in paper, electronic or other form) drawn on the account of a Payor such as, but not limited to, a corporation, an organization, a trade, an association, a government entity, a profession, a venture or an enterprise, for the payment of goods and services related to commercial activities of the Payor.

Personal/Household PAD: Means a PAD drawn on the account of a Payor for payments such as, but not limited, to charitable donations, RESP and Spousal RRSP contributions, mortgage installments, utility bills, insurance premiums, membership fees, property taxes, credit card billings and payment for other consumer goods and services.