

BROADVIEW EVANGELICAL FREE CHURCH DONOR PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Broadview Evangelical Free Church (BEFC)
 350 — 30 Street NE
 Salmon Arm, BC V1E 1J2
 Phone (250) 832-6366
 Email: office@befc.ca

Account for credit:
 Salmon Arm Savings & Credit Union (Processing Institution)
 370 Lakeshore Drive NE
 Salmon Arm, BC V1E 4N9 Phone (250) 832-8011
 Account # 15710 809 101274067

DONOR INFORMATION

Account Holder(s) Name(s) and Address(es) (the "Donor")

Name(s) _____
 Address _____
 City _____ Province _____
 Phone _____ Email _____

PAYMENT DETAILS Specimen cheque marked "VOID" attached
All funds received by Pre-Authorized Debit go to the General Fund.

PAYMENT TYPE:
 (Choose one only)
 Personal Account
 Business Account

DATES:
 Monthly on 1st day
 Monthly on 15th day
 Semi-monthly on 1st + 15th day

AMOUNT OF PAYMENT:
 \$ _____

Commencing on:

DONOR ACCOUNT

Institution	Branch I.D.	Account No.
0		

DONOR FINANCIAL INSTITUTION—NAME AND ADDRESS (The Donor's account at the Processing Institution; the 'Account')

Name: _____
 Address: _____

AUTHORIZATION

I/We acknowledge that this Authorization is provided for the benefit of BEFC and the "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this Authorization, the Donor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on

Page 2, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on Page 2.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

WAIVER OF PRE-NOTIFICATION

I/We waive any and all requirements for pre-notification of debiting.

X _____
 Donor Signature Date

X _____
 Donor Signature Date

CANCEL PAYMENT (AT LEAST 15 DAYS NOTICE BEFORE THE NEXT PAD IS REQUIRED FOR CANCELLATION)

The Donor hereby cancels this Donor's PAD Agreement effective: _____

X _____
 Donor Signature Date

X _____
 Donor Signature Date

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TERMS AND CONDITIONS

1. I/We hereby authorize Broadview Evangelical Free Church (hereafter referred to as BEFC), in accordance with the terms of my/our account agreement with Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Details" section on Page 1 of this Agreement.
2. Particulars of the Account that BEFC is authorized to debit are indicated in the "Payment Details" section on page 1 of this Agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this Authorization.
3. I/We undertake to inform BEFC, in writing, of any change in the Account Information provided in this Authorization prior to the next due date of the PAD.
4. This authorization is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/our identity within the specified number of days before the next PAD is to be issued as noted on Page 1, Cancel Payment section. I/We acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this Acknowledgement from Processing Institution or by visiting www.cdnpay.ca.
I/We acknowledge that if I/we wish to cancel this Authorization or if I/we have any questions or need further information with respect to a PAD, I/we can contact BEFC at the telephone number or address set out in this Agreement.
5. Pre-notification before debiting Donor's account is waived as per the PAD Authorization (Page 1).
6. I/We acknowledge that Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of this Authorization, including, but not limited to, the amount.
7. 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 BEFC as a condition to honouring a PAD issued or caused to be issued by BEFC on the Account.
8. I/We acknowledge that, if this Authorization is for personal or business PAD's that have recourse through the clearing system, a PAD may be disputed but only under the following conditions:
 - a. The PAD was not drawn in accordance with this Authorization;
 - b. This Authorization was revoked.I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either (a) or (b) took place must be completed and presented to the branch of Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD that has recourse through the clearing system or, in the case of a business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.
9. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and BEFC and there is not entitlement to reimbursement from the Processing Institution.
10. I/We acknowledge that I/we have certain recourse rights if a debit does not comply with this Authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my/our recourse rights I/we can contact Processing Institution or visit www.cdnpay.ca
11. I/We acknowledge that I/we understand that I/we are participating in a PAD plan established by BEFC and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
12. I/We consent to the disclosure of any personal information that may be contained in this Authorization to the financial institution that holds the account of BEFC to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the Rules of the Canadian Payments Association.