

HOLY TRINITY ANGLICAN CHURCH

PRE-AUTHORIZATION PAYMENT FORM

ACCOUNT INFORMATION

Envelope #		Home Phone
<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
First Name	Last Name	Cell Phone
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Residential Address		Work Phone
<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>
City	Province	Postal Code
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Mailing Address (if different from above)		
<input style="width: 90%;" type="text"/>		
City	Province	Postal Code
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Email Address		
<input style="width: 90%;" type="text"/>		

Transit Number	Bank Number	Account Number
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Financial Institution		Location
<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>

The customer authorizes Holy Trinity Anglican Church to debit or cause to be debited the following amounts from the above account. I (we) are aware that the funds must be in the account at least 2 (two) days prior to the date of the PAD (fill in as applicable)

- a) Offerings in a fixed amount of > \$, which will be debited;
- i) weekly commencing on > , or
- ii) bi-weekly commencing on > , or
- ii) monthly commencing on > .

Please complete section (B) if you wish to set up additional offerings. Please specify amount to be debited, date, and the type of appeal.

b)	Date	Amount	Appeal
	<input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	Easter
	<input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	Thanksgiving
	<input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	Christmas
	<input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	Renovation Fund
	<input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	Specify: <input style="width: 100px;" type="text"/>

PAYMENT CONTRACT

I (We) warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this authorization. I (We) acknowledge that delivery of this authorization to you constitutes delivery to the financial institution. I (We) acknowledge that the Financial Institution is not required to verify that a pre-authorized debit ("PAD") has been issued in accordance with the particulars of this authorization, or that the purposes of which this authorization is given have been fulfilled by you, before debit the Account. I (We) may dispute a PAD if. (a) it was not drawn in accordance with this PAD; or (b) this authorization is revoked. I (We) understand that, in order to dispute a PAD, it must be disputed (i) within 10 business days after the PAD in dispute was posted to the Account, I (We) must complete and present a declaration stating the reason the PAD is being disputed to the branch of the Financial Institution holding the Account; or (ii) at any other time, I (We) must resolve the PAD in dispute solely with you. You may disclose the following information to the Financial Institution which holds your account to be credit with the PAD.

I (We) understand that I (We) may revoke this authorization at any time by notifying you in writing at least 7 business days before the next PAD is due to be issued. I (We) will give you written notice of any changes in the Account information provided in this authorization prior to the next due date of a PAD. I (We) agree to waive any obligation you may have to send me (us) pre-notification(s) of the amount(s) to be debited, the due date(s) of debiting, and any other notice(s) of changes to the PAD after the date of this authorization. I (We) agree that any PAD that is returned will be subjected to a \$25.00 service fee and that this fee will be deducted from the

ATTACH VOID CHEQUE HERE

ACCOUNT HOLDER NAME STREET ADDRESS CITY, PROVINCE POSTAL CODE	DATE _____	001
PAY TO THE ORDER OF _____	VOID	\$ _____ 100 DOLLARS
BANK NAME BANK STREET ADDRESS BANK CITY, PROVINCE POSTAL CODE		
⑈00⑈	⑆05550⑆	⑈004⑈
Branch / Transit Number	Bank Number	Account Number
127864182178⑈		

Authorized Account Holder Signature

Date

Authorized Account Holder Signature

Date

Please return completed form to Bryan or Gloria at a Sunday service OR
Scan and email to Gloria at gkasiqazi@gmail.com