

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR BUSINESS PURPOSES

1. Payor's Name and Address – please print

We warrant and represent that the following information is accurate.

Church Name		
Street		
Town/Prov.	Postal Code	Tel. Number

Name of Payor's Financial Institution (the "Processing Institution")		
Street		
Town/Prov.	Postal Code	Account Number

We have attached a specimen cheque marked "VOID" to this payor authorization (the "Authorization").

We will inform the Payee, 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. Payee's Name and Address – please print

Name of Payee (the "Payee") Baptist General Conference of Canada			
Street	#201, 8315 Davies Road NW		
Town	Edmonton, Alberta	Postal Code	T6E 4N3
		Telephone Number (780)438-9127	

3. 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 our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.

4. We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization and that all persons signing this Authorization are our authorized signing officers and are empowered to enter into this agreement.

5. We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose:

Pension Contributions
Other:

6. We may cancel the Authorization at any time upon providing written notice to the Payee.

7. We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by us.

8. The Payee will withdraw a monthly PAD in the amount provided by the Payor on the monthly contribution spreadsheet.
9. 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 the Payee as a condition to honouring a PAD issued by the Payee on the Account.
10. Revocation of the Authorization does not terminate any contract for services that exists between us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for services exchanged.
11. 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 8 was not received.

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 10 business days after the date on which the PAD in dispute was posted to the Account.

We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between us and the Payee, outside the payment system.

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

(Church NAME)

(AUTHORIZED SIGNATURE)

(AUTHORIZED SIGNATURE)