



**AUTHORIZATION FOR DONOR  
PRE-AUTHORIZED DEBIT PLAN  
HOLY APOSTLES ORTHODOX CHURCH,  
CHILLIWACK, BC**

**INSTRUCTIONS:**

1. Please complete all sections in order that your donation can be debited directly from your account.
2. Return the completed form with a blank cheque marked "VOID" or attach a Pre-Authorized Debit form completed by your financial institution to the TREASURER or place in the DONATION BOX.
3. If you have any questions, please contact the TREASURER.

**DONOR INFORMATION (Please print clearly)**

Donor Name(s):	
Address:	
City	Postal Code
Telephone:	
Signature of Donor(s):  _____	
Date:	

I authorize **Holy Apostles Orthodox Church** to withdrawal the sum of \$\_\_\_\_\_ each month.

I am already participating in the Pre-Authorized Debit Plan, please increase my monthly donation to \$\_\_\_\_\_.

**(if you are already participating in the PAD plan and are revising your donation you are not required to include a VOID cheque)**

I acknowledge that all withdrawals from my account will occur on the **1st** day of the month OR the **15<sup>th</sup>** day of each month.

**(Please circle your preference of day).**

\_\_\_\_\_ (please sign to authorize and confirm the above)

**DONOR FINANCIAL INSTITUTION/BANKING INFORMATION (please print clearly or attach a VOID cheque)**

Branch Number:	Institution Number:	Account Number: <input type="text"/>
Name of Financial Institution:		
Branch:		
Branch Address:		
City/Province:	Postal Code:	

**PAYEE INFORMATION:**

Payee Name: HOLY APOSTLES ORTHODOX CHURCH	
Address: c/o 45912 Berkeley Avenue, Chilliwack, BC, V2P 3M9	Telephone: (604) 845-1063

**AUTHORIZATION FOR DONOR PRE-AUTHORIZED DEBIT PLAN  
Terms & Conditions**

1. In this Authorization, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for charitable purposes and I authorize the Payee (HOLY APOSTLES ORTHODOX CHURCH) indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for charitable donation purposes (a "Donor PAD"), on my account indicated on the reverse hereof (the "Account") at the Financial Institution indicated on the reverse here (the "Financial Institution") and I authorized the Financial Institution to honour and pay such debits. This Authorization is provided for the benefit of the Payee and my Financial Institution and is provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Donor PAD, and any Donor PAD drawn in accordance with this Authorization, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke this Authorization at any time by delivering a written notice of revocation to the Payee. All changes are established the first day of the following month.
4. I agree that my Financial Institution is not required to verify that any Donor PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfilment of any purpose of any Donor PAD.
5. I agree that delivery of this Authorization to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Authorization to the Payee's Financial Institution and agree to the disclosure of any personal information which may be contained in this Authorization to such Financial Institution.
6. I understand that with respect to:
  - (i) fixed amount Donor PADs, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Donor PAD, and such notice shall be received every time there is a change in the amount or payment date(s);
  - (ii) a Donor PAD Plan that provides for the issuance of a Donor PAD in response to my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to issue a Donor PAD.
7. I may dispute a Donor PAD by providing a signed declaration to my Financial Institution under the following conditions:
  - (i) the Donor PAD was not drawn in accordance with this Authorization;
  - (ii) this Authorization is revoked;
  - (iii) any pre-notification required by section 6 was not received by meI acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Donor PAD, I must sign a declaration to the effect that either (i), (ii) or (iii) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date of which the disputed Donor PAD was posted to the Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Donor PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed Donor PAD.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Authorization at least ten (10) business days prior to the next due date of a Donor PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Donor PAD's.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization.
10. I understand and agree to the foregoing terms and conditions.

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Name of Account Holder	Signature	Date
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(IF A JOINT ACCOUNT)

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Name of Account Holder	Signature	Date
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