



☐ NEW ☐ CHANGE ☐ CANCEL

Payor's PAD Agreement

INSTRUCTIONS

1. The Payee must retain this agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.
2. The Payee can obtain the transaction type code from the CPA's website: http://www.cdnpay.ca/rules/pdfs_rules/standard_005.pdf.
Go to Section E, Appendix 2, Transaction Types.
3. The Payee will insert the number of days required to cancel a payment in the "Cancel Payment" Section (cannot exceed 30 days).

PAYOR/PAYEE INFORMATION (MANDATORY)

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

NAME _____
ADDRESS _____
CITY _____ PROVINCE _____ POSTAL CODE _____
PHONE _____ EMAIL _____

Payee Name and Address (the "Payee"): ☐ same as Payor

NAME **CHRIST THE KING PARISH**
ADDRESS **847 St. Mary's Road**
CITY **Winnipeg** PROVINCE **Manitoba** POSTAL CODE **R2M 3P6**
PHONE **204-257-5300** EMAIL **contact@ctkp.ca**

PAYMENT DETAILS ☐ Specimen cheque marked "VOID" attached.

DESCRIPTION OF PAD (optional)	CPA TRANSACTION TYPE	PAYMENT TYPE (choose one only) <input type="checkbox"/> Personal PAD <input type="checkbox"/> Business PAD <input type="checkbox"/> Funds Transfer PAD	PAYOR ACCOUNT (the Payor's account at the Processing Institution; the "Account")		
			Institution	Branch I.D.	Account No.
			0		
AMOUNT OF PAYMENT <input type="checkbox"/> Fixed \$ _____ <input type="checkbox"/> Variable: Maximum Amount \$ _____	DATES <input type="checkbox"/> Weekly beginning _____ <input type="checkbox"/> Bi-weekly beginning _____ <input type="checkbox"/> Monthly beginning _____ <input type="checkbox"/> Other (specify intervals, set dates, or specific act, event, or other criteria that triggers PAD) _____ <input type="checkbox"/> Sporadic		PAYOR FINANCIAL INSTITUTION - NAME AND ADDRESS (the "Processing Institution")		
			PAYEE ACCOUNT (Payee's account for credit - complete if known.)		

AUTHORIZATION

I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "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 Payor 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.

X Payor Signature _____ Date _____
X Payor Signature _____ Date _____
Note: If only one signature is required for the Account, then only one Payor need sign. However, if two or more signatures are required, then both or all Payors must sign.

WAIVER OF PRE-NOTIFICATION (DOES NOT APPLY TO SPORADIC PADS)

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

X Payor Signature _____ **X** Payor Signature _____

CANCEL PAYMENT (____ DAYS NOTICE IS REQUIRED BEFORE THE NEXT PAD WILL BE ISSUED. CANNOT EXCEED 30 DAYS)

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

X Payor Signature _____ Date _____
X Payor Signature _____ Date _____