



Whispering Pines Camp
www.whisperingpinescamp.ca

**PRE-AUTHORIZED DEBIT AGREEMENT
DONOR'S AGREEMENT**

***ATTACH VOID CHEQUE TO FORM**

Account holder name and account number PLEASE PRINT CLEARLY

Last and first name(s) of account holder(s)			Telephone No.
Address (street, city, province)			Postal code
The name of the financial institution where the account is located	Institution No. (office only)	Transit No. (office only)	Account No.

Payee – Contact information

Name of organization Whispering Pines Fellowship Centre and Camp	c/o or e-mail address wpc.bookkeeper@gmail.com	
Address (street, city, province) Box 23110 Medicine Hat Mall PO Medicine Hat	Postal code T1B 4C7	Telephone No. 403-893-2072

Withdrawal authorization

I, the undersigned, (if a legal person, herein represented by its duly authorized representative(s)), authorize the Payee to make pre-authorized debits (PAD) from my account with the aforementioned financial institution, at the following interval:

☐ The 15th of each month

Each withdrawal will correspond to:

☐ **a fixed amount** of \$ _____

for the following reason: Authorized Monthly Donation

Waiver:

☐ **I have received a copy of this Agreement and waive all other confirmation before the first payment.**

Change or cancellation:

I shall inform the Payee, in a timely manner, of any changes to this Agreement.

I retain the right to revoke my authorization at any time, with a pre-notification of 15 days (maximum 30 calendar days). To obtain a sample of the cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit the Canadian Payments Association Web site at www.payments.ca. I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part.

~I understand that a \$35 NSF Fee will be charged to me for any declined payments due to NSF.

I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization.

I acknowledge that the delivery of this authorization to the Payee constitutes delivery by me to the aforementioned financial institution.

IMPORTANT: Attach a personal cheque marked "VOID" to avoid errors in transcription. If you change your account or financial institution, please advise the payee organization.

Reimbursement

I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may contact my financial institution or visit www.payments.ca.

The financial institution shall reimburse me, on behalf of the organization, for any amounts withdrawn in error, within 90 calendar days of the withdrawal for a **Personal** PAD and within 10 business days for a **Business** PAD, provided that the reimbursement is claimed for a valid reason.

I understand that a claim to this effect must be made to my financial institution following the procedure it will provide for that purpose.

Finally, I acknowledge that a claim for reimbursement filed after the aforementioned time limits must be settled between me and Payee, without any liability or commitment on the part of my financial institution.

Consent to disclosure of information

I hereby consent to the disclosure of the information contained in my pre-authorized debit enrolment agreement to the financial institution, provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits.

Signature of account holder (s)

_____ Signature of account holder	_____ Date (dd/mm/yyyy)
_____ Signature of a second account holder (Only if two signatures are required)	_____ Date (dd/mm/yyyy)