

Payor Authorization – Direct Debit an Account – Personal/Household Account

TO Kennebecasis Baptist Church (KBC) (the “Company”)

Account Holder

Full Legal Name _____ (the “Customer”)

Full Address _____

(Include postal Code) _____

Telephone Number _____

Financial Institution

Of the Customer _____ (the “Bank”)

Financial Institution _____

Full Address (include postal code) _____

Exact Name in which Account is Held _____

Account # _____ Branch # _____ Institution# _____

1) Purpose of Debits Personal/Household PAD

2) Pre Notification of Amounts

- a. *Fixed Amounts*: The Company will provide written notice of the amount to be debited and the date of the debit at least ten (10) calendar days before the date of the first debit and every time there is a change in the amount or payment date.
- b. *Variable Amounts*: The Company will provide written notice of each amount to be debited and the date of the debit at least ten (10) calendar days before the date of each debit.

3) Rights of Dispute

The Customer may dispute a debit under the following conditions (i) the debit was not drawn in accordance with the Authorization. (ii) the Authorization was revoked or cancelled, or (iii) pre notification (as set out in paragraph 2 above) was not received. In order to be renumbered, the Customer must complete a Declaration Form at the above Bank up and including 90 calendar days after the date on which the debit in dispute was posted to the Customer’s account. The Customer acknowledges that disputes after the above noted time limitations are matters to be resolved solely between the Company and Customer

4) Terms of Authorization to Debit the Above Account

The Customer authorized the Company to debit the above account in the amount of

- \$_____ every Monday (weekly)
- \$_____ every other Monday (bi weekly)
- \$_____ every fourth Monday
- \$_____ every second and fourth Monday
- \$_____ every _____ Monday

of each month for payments payable to the company in respect of the church tithes/offerings.

The Bank is not required to verify that any debits drawn by the Company are in accordance with this Authorization or the agreement made between the Customer and the Company.

It is acknowledged that in order to revoke this Authorization that the Customer must provide written notice to the Company. This Authorization may be cancelled at any time upon written notice by the Customer to the Company.

The Customer will notify the company promptly in writing if there is any change in the above account information.

Any delivery of this Authorization to the Company constitutes delivery by the Customer to the Bank. It is warranted by the Customer that all persons whose signatures are required to sign on the above account have signed this Authorization. The Customer acknowledges receipt of this Authorization.

Authorized Signatures(s)
of Account Holder(s) _____ Date: _____

Authorized Signatures(s)
of Account Holder(s) _____ Date: _____

Please attached a blank cheque marked VOID to the Completed Authorization.

Kennebecasis Church Offering Allocation

Envelope # _____

Unified Budget \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Please return completed form to Church Office.