

Dear Congregant,

I am writing to inform you that after receiving several requests, our Leadership has decided to offer an additional way for making donations to Living Stones Church. Therefore, we have established the Pre-Authorized Debit system. If you choose to use Pre-Authorize Debit (**PAD**), you may enroll at any time and for all or part of your donations. For example, you may wish to only contribute to Missions, using PAD, and want to continue to give your tithe by way of the offering envelope. You choose what is best for you.

Please fill out bottom portion of this letter, letting me know when you would like your first contribution to be withdrawn from your said account, taking note that we only withdraw on the 1st and the 16th of every month. Please indicate how much would like to donate and where to designate the donation. The attached form is from the bank and needs to be filled out as well, remember to enclose a "void" cheque.

Please return these forms in an envelope to: Living Stones Church Attention: Kathy

You may hand the forms in, along with a void cheque, to the Information Center. Envelopes will be available there as well. If you have any questions or concerns please contact myself at the church office or by email

kathys@livingstones.ab.ca

For His Kingdom,
Kathy Stalwick
Bookkeeper, Living Stones Church

PLEASE CHOOSE FROM THE FOLLOWING OPTIONS:

Withdrawal dates: 1st of every month _____ Starting Date: _____ Amount _____
 16th of every month _____ Starting Date: _____ Amount _____

To whom the Donation is to be credited, so that a tax receipt can be issued: _____

(Ex. Your Name or Kathy's Baking Co.) _____

TITHES/General Fund _____

OFFERINGS: Building Fund: _____ Reduce Mortgage: _____

Benevolence: _____ OTHER: _____

Missions: _____

Please specify if you want a particular 'Other' _____



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 LIVING STONES CHURCH
 ADDRESS 2020 - 40th Avenue
 CITY Red Deer PROVINCE Alberta POSTAL CODE T4N 5E3
 PHONE 403-347-7311 EMAIL _____

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.
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.

Payor Signature _____ Date _____

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.

Payor Signature _____ Payor Signature _____

CANCEL PAYMENT (5 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: _____

Payor Signature _____ Date _____

Payor Signature _____ Date _____