

Dear Congregant,

I am writing to inform you that after receiving several requests, our Leadership has offered an additional way to donate 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 giving your tithe through the offering envelope. You choose what is best for you.

Please fill out the bottom portion of this letter, letting me know when you would like your first contribution to be withdrawn from your said account, taking note that we only withdraw on the 1<sup>st</sup> and the 16<sup>th</sup> of every month. Please indicate how much you want 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 get in touch with me at the church office(403-347-7311) or by email at <a href="mailto:kathys@livingstones.ab.ca">kathys@livingstones.ab.ca</a>

For His Kingdom, Kathy Stalwick Director of Finance

PLEASE CHOOSE FROM	I THE FOLLOWING OPTI	ONS:					
Withdrawal dates:	•	Starting Date: Starting Date:					
To whom the Donatio	n is to be credited, so th	at a tax receipt can be issued: (ie: <u>Yo</u>	ur Name or Kathy's Baking Co.)				
TITHES/General Fund			_				
OFFERINGS:	Building Fund:	Reduce Mortgage:					
	Benevolence:	OTHER:					
	Missions:						
	Please specify if you w	ant a particular 'Other'					

## CAFT Pre-Authorized Debit (PAD) Agreement

•	Five (5) business days notice is required to process all requests.

DAVOD INFORMAT	ION (Account Holder)	account to be debited									
	ION (Account Holder) –	account to be debited									
Name											
Address	City		Prov	ince		Posta	al Coo	de			
Phone	Email										
PAYEE INFORMATION – account to be credited											
Name											
Address	City		Prov	ince		Posta	al Cod	de			
Phone	Email										
PAYMENT DETAILS: New											
Payment Type	Account Type	Amount		Frequen	псу				Start	Date	
	Sub#:	¢.									
Other:	Sub#.	\$									
Payor Account (the	Payor's account at the Processin	g Institution; the "Account")									
Attach a specimen c	heque marked "VOID" <b>or</b>	complete the following	ıg:								
Institution	Branch I.D.	Account Numbe	r								
0											
I/We acknowledge that this Authorization is provided for the benefit of Servus Credit Union 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 Payments Canada.  By signing this Authorization, the Payor acknowledges having received and having read a copy of this PAD Agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this PAD Agreement, and agrees to be bound by the terms and conditions of this PAD 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.  WAIVER OF PRE-NOTIFICATION AND CONFIRMATION: I/We waive any and all requirements for pre-notification or confirmation under Rule H1 of the CPA Rules 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.											Payments terms and terms and
Payor Signature Note: If only one signature	Date is required for the Account, ther		yor Signa If two or mo		es are require	ed, then	both o	r all Paj	Date yors mu	st sign.	
CANCEL PAYMENT - Five (5) business days notice is required to cancel payment.											
The Payor(s) hereby cancel this Pre-Authorized Debit (PAD) Agreement effective:											
Payor Signature	Date	e Pa	yor Signa	ature					Date		
Note: Retain this agreeme	nt for at least 12 months after the	e last Pre-Authorized Debit	(PAD) is iss	ued.							



## **TERMS AND CONDITIONS**

- 1. I/We hereby authorize Servus Credit Union, in accordance with the terms of my/our account agreement with the Processing Institution, to debit or cause to be debited the Account for the purposes indicated in the "Payment Type" section on page 1 of this
- 2. Particulars of the Account that Servus Credit Union is authorized to debit are indicated in the "Payment Details" section on page 1 of this agreement. A specimen cheque, if available for the Account, has been marked "VOID" and attached to this agreement.
- 3. I/We undertake to inform Servus Credit Union, in writing, of any change in the Account information provided in this agreement prior to the next due date of the PAD.
- 4. This agreement is continuing but may be cancelled at any time upon notice being provided by me/us, either in writing or orally, with proper authorization to verify my/ our identity within the specified number of days before the next PAD is to be issued as noted in Cancel Payment section, page 1. I/We acknowledge that I/we can obtain a sample cancellation form or further information on my/our right to cancel this agreement from the Processing Institution or by visiting www.payments.ca
- 5. Revocation of this agreement does not terminate any contract for goods or services that exists between me/us and Servus Credit Union. This agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
- 6. I/We acknowledge that provision and delivery of this agreement to Servus Credit Union constitutes delivery by me/us to the Processing Institution. Any delivery of this agreement to Servus Credit Union constitutes delivery by the Payor.
- 7. a) If this agreement is for business or personal PADs, unless I/we have waived any and all requirements for pre-notification or confirmation of debiting in the "Waiver of Pre-Notification and Confirmation" section on page 1 of this agreement (in which case I/we will receive a confirmation from Servus Credit Union within 5 calendar days following the date of the first PAD), I/we acknowledge that I/we will receive:
- a confirmation from Servus Credit Union in accordance with Rule H1 of the Canadian Payments Association, at least 10 calendar days before the due date of the first PAD; and
  - with respect to business or personal PADs recurring at set intervals, prenotification from Servus Credit Union of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before: (A) each and any change in the amount of a fixed amount PAD which results from a change in any applicable tax rate, a top-up, or other adjustment and of any change to the due date of such PAD; and (B) the due date of every variable amount PAD after the first PAD.
- b) Notwithstanding Section 7(a)(ii), no pre-notification is required for personal PADs and business PADs recurring at set intervals: (i) where the amount of the PAD will decrease as a result of a reduction in municipal, provincial or federal tax; or (ii) the amount of the PAD will change as a result of my/our direct action requesting Servus Credit Union to change the amount of the PAD (such as, but not limited to, telephone instructions or other remote measures).
- c) Pre-notification or confirmation may be given in writing or in any form of representing or reproducing words in visible form, which, if I/we have provided an email address to Servus Credit Union, includes an electronic document. The amount of pre-notification or confirmation provided will change when there is a change in the pre-notification or confirmation requirements contained in the CPA Rules
- 8. I/We authorize Servus Credit Union to process this Pre-Authorized Debit (PAD) a second time if the first presentment is returned by my/our Financial Institution for reasons: 901 (NSF) or 908 (Funds Not Cleared). I/We agree to pay any costs resulting from the representment.
- 9. If this agreement provides for PADs with sporadic frequency, I/we understand that Servus Credit Union is required to obtain an authorization from me/us for each and every PAD prior to the PAD being exchanged and cleared in accordance with Rule H1 of the CPA Rules. I/We agree that a password or security code or other signature equivalent will be issued and will constitute valid authorization for the Processing Institution to debit the Account.
- 10. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of this agreement, including, but not limited to, the amount.
- 11. I/We acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Servus Credit Union a condition to honouring a PAD issued or caused to be issued by Servus Credit Union on the Account.

- 12. I/We acknowledge that, if this agreement is for personal or business PADs or for funds transfer PADs that have recourse through the clearing system, a PAD may be disputed under the following conditions:
- a) the PAD was not drawn in accordance with this agreement;
- b) this agreement was revoked; or
- c) confirmation, pre-notification or notice was required and was not received.

I/We further acknowledge that in order to be reimbursed, a declaration to the effect that either a), b), or c) took place must be completed and presented to the branch of the Processing Institution holding the Account on or before the 90th calendar day in the case of a personal PAD or a funds transfer PAD that has recourse through the clearing system or, in the case of a business PAD, on or before the 10th business day, in each case after the date on which the PAD in dispute was posted to the Account.

- 13. I/We acknowledge that any claim made after the periods set out above must be resolved solely between me/us and Servus Credit Union and there is no entitlement to reimbursement from the Processing Institution.
- 14. I/We acknowledge and agree that if this agreement is for funds transfer PADs and Servus Credit Union does not provide recourse through the clearing system, then no recourse will be provided through the clearing system (that is, I/we will not receive automatic reimbursement in the event of a dispute) and I/we must seek reimbursement or recourse from Servus Credit Union in the event a PAD is erroneously charged to the Account.
- 15. Unless this agreement is for a funds transfer PAD that does not have recourse through the clearing system, I/we acknowledge that I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights I/we can contact my/our financial institution or visit www.payments.ca
- 16. I/We acknowledge that Servus Credit Union may terminate this agreement upon five (5) days written notice. Notwithstanding the foregoing, for One-Time PADs, this agreement will no longer be valid once the payment has been fulfilled. Any subsequent PADs will require a newly authorized PAD agreement. In the event that the Payor cancels the goods and services agreement to which the PADs under this agreement relate, this agreement shall automatically be cancelled.
- 17. I/We acknowledge that I/we understand that I/we am/are participating in a PAD plan established by Servus Credit Union and I/we accept participation in the PAD plan upon the terms and conditions set out herein.
- 18. I/We consent to the collection, use, and disclosure of any personal information that may be contained in this agreement to the financial institution that holds the account of Servus Credit Union to be credited with the PAD to the extent that such disclosure of personal information is directly related to and necessary for the proper application of Rule H1 of the CPA Rules.
- 19. This agreement is governed by the laws of Alberta and the federal laws of Canada applicable therein. I/We irrevocably attorn to the exclusive jurisdiction of the Alberta Provincial courts situated in the City of Edmonton.



(ii)