



Tel: 613-389-3532

**Our Lady of Lourdes Parish**  
490 Days Road, Kingston, Ontario K7M 5R4

Fax: 613-389-5619

Dear Pre-Authorized Debit Participant:

Please complete the first page enclosed:

- Payor Information
- Payor Financial Institution (*there is no need to complete this section if you provide a VOID cheque or a valid statement from your banking institution.*)
- Payment Information Section
- Sign and date (end of document)

Return all forms to the Parish Office. You may scan and email them, drop them into the Rectory mailbox, or place them into a collection basket at any of the weekend Masses.

If you have any questions or concerns, please call the office at 613-389-3532.

***The withdrawal will be made from your bank account on the 28<sup>th</sup> of each month.***

Thank you for your participation.

***Sandra Hanley***

Office Administrator  
Our Lady of Lourdes Parish



Tel: 613-389-3532

**Our Lady of Lourdes Parish**  
490 Days Road, Kingston, Ontario K7M 5R4

Fax: 613-389-5619

SCHEDULE "B"

PAYOR'S PAD AGREEMENT

**Pre-Authorized Debit Plan**

Authorization of the Payor to the Payee to Direct Debit an Account

**Instructions:**

1. Please complete all sections to authorize your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions in these documents.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.
4. If you have any questions, please write or call the Payee.

**PAYOR INFORMATION** *(Please type or print clearly)*

Payor Name(s):	
Address:	
Telephone:	
Signature of Payor(s):	Date:

*\*\* There is no need to complete the PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION (below) if you have a VOID cheque or a valid statement from your banking institution.*

**PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION** *(Please type or print clearly)*

Branch Number	Institution #	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province		Postal Code

**PAYEE INFORMATION** (Please type or print clearly)

Fixed amount: (please specify)	Please specify how to allocate the funds
Total per month	General Offerings \$ _____
\$ _____	Building Restoration Fund \$ _____

This form is for PADs which relate to commercial activities of a Payor who is a corporation, organization, trade, association, government, entity, profession, venture, or enterprise.

**PAYOR'S PAD AGREEMENT Business Pre-Authorized Debit Plan**  
***Terms and Conditions***

1. In this Agreement "we", "us" and "our" refers to the Payor indicated on the reverse hereof.
2. We agree to participate in this Business Pre-Authorized Debit Plan and we authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a "Business PAD") on our account indicated on the next page hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and we authorize the Financial Institution to honour and pay such debits.

This Agreement and our authorization are provided for the benefit of the Payee and our Financial Institution and are provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association.

We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Agreement, shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.

3. We may revoke or cancel this Agreement at any time upon notice being provided by us either in writing or orally. We acknowledge that in order to revoke or cancel the authorization provided in this Agreement, we must provide notice of revocation or cancellation to the Payee.

This Agreement applies only to the method of payment and we agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between us and the Payee.

The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PADs.

We understand that we may obtain a sample cancellation form, or further information on our right to cancel a PAD Agreement, at our Financial Institution or at [www.cdnpay.ca](http://www.cdnpay.ca)

4. We agree that our Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Business PAD.

5. We agree that the delivery of this Agreement to the Payee constitutes delivery by us to our Financial Institution. We agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any information which may be contained in this Agreement to such financial institution.
6. (a) We understand that with respect to:
  - (i) fixed amount Business PADs occurring at set intervals, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days for Paper PADs / 15 calendar days for Electronic PADs before the due date of the first Business PAD, and such notice shall be received every time there is a change in the amount or payment date(s);
  - (ii) variable amount Business PADs occurring at set intervals, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every Paper PAD/15 calendar days for Electronic PADs before the due date of the first Business PAD and
  - (iii) fixed amount and variable amount Paper and/or Electronic Business PADs occurring at set intervals, where the Business PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of our direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.
7. We agree that with respect to Business PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute a valid authorization for the Payee or its agent to debit our account.
8. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.
9. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
10. I understand that I have certain resource/reimbursement rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement of any debit that is not authorized or is not consistent with this PAD Agreement. I understand that I may obtain more information on my recourse/reimbursement rights by contacting my financial institution or visit the CPA website at [www.cdnpay.ca](http://www.cdnpay.ca).
11. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this agreement below. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms to the requirements of Rule H1.
12. I agree that a payment service provider will administer the PAD. [INSERT NAME] will be administering the PAD.
13. I understand and agree to the foregoing terms and conditions.
14. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are

currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

\_\_\_\_\_  
Name of Account Holder  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Account Holder  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date