

**Payor's Authorization for PRE-AUTHORIZED DEBITS (PAD) for  
Monthly Giving to Lutheran Church of the Cross Victoria**

1) **Payor's Name and Address - please print**

I/We warrant and represent that the following information is accurate

|               |             |                   |
|---------------|-------------|-------------------|
| Surname       | First name  | Mr. Mrs. Ms. Miss |
| Address       |             |                   |
| City          | Postal Code | Telephone # ( )   |
| Email Address |             |                   |

|   |             |                |
|---|-------------|----------------|
| Name of <b>Payor's</b> Financial Institution (the <b>Processing Institution</b> ) |             |                |
| Branch  | Address     |                |
| City  | Postal Code | Account Number |

Please debit my bank account: (I/We have attached a specimen cheque marked "VOID" to this Payor's Authorization)

The Payee may issue a PAD once a month, on the 1st day of each month for a contribution in a dollar amount up to a maximum of \_\_\_\_\_.

The payment will be debited on the next business day if the 1<sup>st</sup> falls on a Saturday, Sunday or a statutory holiday. I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization at **least 10 days prior** to the next due date of the PAD.

2) **Payee's Name and Address**

|   |
|---|
| <b>Lutheran Church of the Cross Victoria</b><br><b>3787 Cedar Hill Rd.</b><br><b>Victoria, BC V8P 3Z4</b> |
|---|

3) I/We acknowledge that the Authorization is provided for the benefit of the **Lutheran Church of the Cross Victoria** and the **Processing Institution**.

4) I/We hereby authorize the **Lutheran Church of the Cross Victoria** to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose: **Charitable Contributions**.

5) I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

6) I/We may revoke the Authorization at any time upon providing written notice to the **Lutheran Church of the Cross Victoria** at least 10 days prior to the next due date of the PAD. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution.

7) I/We have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, I may contact my financial institution.

8) I/We agree that the information contained in the Authorization may be disclosed to the Processing Institution as required to complete any PAD transaction.

9) The first PAD will occur on the 1<sup>st</sup> of October 2019, or the next business day.

10) I/We understand and accept the terms of participating in this PAD plan:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Account Holder

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

**For Lutheran Church of the Cross Victoria use only :**

Today's Date : \_\_\_\_\_

1. Check marked "VOID", and authorization form received \_\_\_\_\_
2. Monthly payment of \$\_\_\_\_\_ to be debited on 1st of each month starting from \_\_\_\_\_ to the following funds:

Operating : \$ \_\_\_\_\_

Building / Mortgage: \$ \_\_\_\_\_

Other (bring total from below) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Please distribute my 'Other' contribution as follows:

**Local Church Community:**

Social Justice \$\_\_\_\_\_ Karren Stinson Bursary Fund \$\_\_\_\_\_

Campus Ministry Local \$\_\_\_\_\_ Women in Faith (ELW) \$\_\_\_\_\_

Youth \$\_\_\_\_\_ Shelbourne Community Kitchen \$\_\_\_\_\_

Memorials \$\_\_\_\_\_ Refugee Fund \$\_\_\_\_\_

**Flow through to BC Synod:**

Synod Benevolence \$\_\_\_\_\_

Synod Missions \$\_\_\_\_\_

CLWR (Canadian Lutheran World Relief) \$\_\_\_\_\_

**TOTAL** \$