

**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 Payor's Financial Institution (the Processing Institution)		
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 1st 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**

Lutheran Church of the Cross Victoria 3787 Cedar Hill Rd. Victoria, BC V8P 3Z4

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 is authorized to occur _____, or the next business day and monthly thereafter.

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 \$