

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 website. See CPA Rule 005, Standards for the Exchange of Financial Data on AFT Files (Section D, 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).

PAYEE/PAYOR INFORMATION (Mandatory)

Payee Name (the "Payee") MEADOW BROOK CHURCH	<input type="checkbox"/> same as Payor	Phone 519-326.3605
Address (street, city, province, postal code) 219, TALBOT ST. E. LEAMINGTON, ON. N8H 3V6		Email office@meadowbrook.ca donations@meadowbrook.ca
Account Holder Name(s) (the "Payor") (last name or business name, first name)		Phone
Address (street, city, province, postal code)		Email

PAYMENT DETAILS Specimen cheque marked "VOID" attached.

Payor Account (the Payor's account at the Processing Institution; the "Account")			Payor Financial Institution Name and Address (the "Processing Institution")		
Branch ID	Institution No.	Account No.			
	0				
Due Date(s)	Amount of Payment	<input type="checkbox"/> CDN <input type="checkbox"/> USD			
	<input type="radio"/> Fixed	\$			
	<input type="radio"/> Variable (maximum amount)	\$			
Frequency	<input type="radio"/> Set Interval		Payment Type (choose one only)	CPA Transaction Type Code	
	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly		<input type="radio"/> Personal PAD	4 8 0	
	<input type="radio"/> Other* _____		<input type="radio"/> Business PAD		
*Specify intervals, set dates, or specific act, event, or other criteria that triggers PAD.			Description of PAD (optional)		
<input type="radio"/> Sporadic					
Payee Account (Payee's account for credit — complete if known)					
Branch ID	Institution No.	Account No.			
	0				

AUTHORIZATION (If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.)

I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

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.

By signing this agreement, the Payor acknowledges having received and

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.

X		X
Payor Signature	Date	Payor Signature Date

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.

X		X
Payor Signature	Date	Payor Signature Date

CANCEL PAYMENT (15 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: _____

X		X
Payor Signature	Date	Payor Signature Date