



Ark Aid Street Mission Inc.
Direct Debit Program Authorization Form

To authorize **Ark Aid Street Mission Inc.** to receive payments debited from your account, complete all sections or request that your financial institution staff complete, stamp and sign in the boxes on the bottom of this page. Sign the form on the reverse side*.

PAYEE : **Ark Aid Street Mission Inc.**
696 Dundas St E London ON N5W 2Z4 Telephone: (519) 667-0322

ARK AID STREET MISSION INC. CUSTOMER (PAYOR) INFORMATION (Please Print):

Business Name (if applicable): _____

Last Name: _____ First Name: _____

Street Address: _____ Telephone: _____

City/Town: _____ Postal Code: _____

Ark Aid Street Mission Inc. Customer Reference Number: _____

CUSTOMER'S FINANCIAL INSTITUTION (F.I.) ACCOUNT INFORMATION:

Name of Financial Institution: _____

Branch Street Address: _____ Telephone: _____

City/Town: _____ Postal Code: _____

The account that **Ark Aid Street Mission Inc.** is authorized to draw upon is indicated below. A specimen cheque if available for this account has been marked "VOID" and attached to this authorization.

I/We agree to inform **Ark Aid Street Mission Inc.** in writing, or any change in the account information provided in this authorization prior to the next due date of the PAD.

Credit Union Office Use Only, Please

F.I. Branch to Stamp & Sign as Verification

Account Number at F.I.:

Institution # **Branch #**

F.I. Staff Signature **Date**

(Continued on other side)



Ark Aid Street Mission Inc. Direct Debit Program Authorization Form

AGREEMENT BETWEEN ARK AID STREET MISSION INC. AND CUSTOMER(s) (referred to as I/We) AND FINANCIAL INSTITUTIONS:

1. I/We acknowledge that this authorization is provided for the benefit of the **Ark Aid Street Mission Inc.** and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association.
2. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.
3. I/We hereby authorize **Ark Aid Street Mission Inc.** to draw on my/our account, with my financial institution as indicated on the reverse of this authorization for the following purpose:
 - a) Specify the category – **Personal** or Business (circle one)
 - b) Specify the purpose – donations
 - c) If Sporadic, specify the required valid authorization for processing each debit – password or secret code, signature
4. The authorized fixed amount of this debit is \$ _____. The maximum allowable amount for this debit is: \$ _____.
The authorized frequency of debit transaction is monthly on the 20 of every month, beginning on _____.
5. This agreement may be cancelled at any time by providing **Ark Aid Street Mission Inc.** notice in writing or orally (with proper authorization to verify the identity of the payor), 30 days prior to the next PAD being issued. In order to revoke this authorization, I/We must provide notice of revocation to **Ark Aid Street Mission Inc.** For more information on my right to cancel a PAD, I may contact my financial institution or visit www.cdnpay.ca.
6. I/We acknowledge that providing and delivering this authorization to **Ark Aid Street Mission Inc.** constitutes delivery by me/us to my/our financial institution. Any delivery of this authorization to you constitutes delivery by me/us.

Ark Aid Street Mission Inc. is required to send written notice of the amount to be debited and the due date(s), at least 10 calendar days prior to the due date of the first debit. Such notice shall be received every time there is a change in the amount or payment date(s).
7. **Ark Aid Street Mission Inc.** will provide me/us with written notice of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAD. Notice will be provided every time there is a change in the amount or payment date(s).
8. Pre-notification may be given to me/us in writing or by _____ (mode agreed upon, i.e.: e-mail etc)
or
I/we hereby waive pre-notification. Accepted by: _____ (authorized signature(s))
9. My/our financial institution is not required to verify:
 - a) that a PAD has been issued in accordance with the particulars of this Payor's PAD Agreement including, but not limited to, the amount
 - b) that any purpose of payment for which this PAD was issued has been fulfilled by **Ark Aid Street Mission Inc.** as a condition to honouring a PAD issued or caused to be issued by **Ark Aid Street Mission Inc.** on my/our account.
10. This Payor's PAD Agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged. Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and **Ark Aid Street Mission Inc.**
11. I/We have certain recourse rights. I/We may dispute this PAD under any of the following conditions:
 - (a) the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement; or
 - (b) this Payor's PAD Agreement was revoked; or
 - (c) pre-notification was not received and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and **Ark Aid Street Mission Inc.** . To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca .
12. I/We understand and accept my/our participation in this PAD arrangement.
13. I/We consent to the disclosure of any personal information contained in this document, necessary for the proper processing of this Payor's PAD Agreement to Libro Credit Union limited.

Customer Signature: _____ Date: _____ X

Customer Signature: _____ Date: _____