

HOLY FAMILY/NOTRE DAME PARISH PAD AGREEMENT

4731 Burke Rd, Port Alberni, B.C. V9Y 5P1

DEFINITIONS

In this Agreement:

"I", "We", "Our", "My", "Me" refers to the person(s) signing this Agreement;

Pre-Authorized Debit ("PAD"): means a pre-authorized debit payment item in paper, electronic, or other form drawn pursuant to this agreement on my account at another Financial Institution ("FI").

Funds Transfer PAD: means a PAD where the Payor and Payee are the same person and is for the purpose of transferring deposit funds from one FI to another FI.

Operation

I understand and undertake that:

- (a) this authorization is for the benefit of Bishop of Victoria ("Bishop of Victoria") and my other FI where I have my account. My other FI agrees to process debits against my account in accordance with the rules of the Canadian Payments Association (CPA);
- (b) giving this authorization to Bishop of Victoria is the same as giving it to my other FI;
- (c) my other FI is not required to verify that the PAD conforms with my authorization;
- (d) my other FI is not required to verify that the purpose of payment to which this PAD relates has been fulfilled;
- (e) revoking this authorization does not terminate any contract between me and Bishop of Victoria. My authorization applies only to the method of payment and has no bearing otherwise on the contract;
- (f) I waive all notification requirements from Bishop of Victoria for variable amount PADs. (eg. Interest only payments).

I authorize the processing of a PAD through my account as detailed below.

Customer Name(s): _____

Name of Bank: _____

Address of Branch: _____ Phone: _____

MICR Field Information (Attach a void cheque if possible):

Branch #	Bank #	Account #

Frequency: One-Time Monthly Semi-Monthly Weekly Bi-Weekly Other (Specify) _____

Amount: Fixed \$ _____ Variable

This PAD is for: Transfer to account 000186644959 07172 003 101 319 2 89

I understand and agree to the terms and conditions of this agreement. I acknowledge receipt of the CPA brochure "Paying by Pre-Authorized Debits: Understanding Your Rights and Responsibilities".

Date: _____

Customer Signature

Customer Signature

<p>Authorization to cancel PAD</p> <p>Signature _____</p> <p>Date _____</p>	<p>Holy Family / Notre Dame Parish</p> <p>4731 Burke Rd. Port Alberni, B.C. V9Y 5P1</p> <p>Phone : (250) 723-8912 Fax : (250)723-0123</p>
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