

Pre-Authorized Debit Agreement (Payor's PAD Agreement)

New Authorization: **Cancellation Notice:** **Change to Existing:**

Payee Information: Credit (Transfer to)
 Account Holder(s) (the "Payee"): St. Bernadette Parish
 Address: 820 Cottonwood Road, Winnipeg MB R2J 1G1
 Account Information: Route: Transit: Account:

<p>Payor Information: Debit (Transfer From) Please notify the payee immediately of any changes to account information</p>		<p>ATTACH VOIDED CHEQUE HERE</p>
Account Holder(s) (the "Payor*"): _____	Financial Institution: _____ ("Processing Institution")	
Address: _____	Address: _____	
Phone Number: _____	_____	
Account Information: Route: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Transit: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account: _____	_____	

Transaction Information:		
Pad Type: <input type="checkbox"/> Personal PAD <input type="checkbox"/> Funds Transfer PAD <input type="checkbox"/> Business PAD	CPA transaction Type: _____ Purpose of Payment: _____	Amount of Payment Fixed: \$ _____ Variable: Not to exceed \$ _____
Frequency : <input type="checkbox"/> Monthly, Every 10 th <input type="checkbox"/> Monthly, Every 20 th <input type="checkbox"/> Semi-Monthly, Every 10 th and Every 20 th	First Due Date <u> </u> / <u> </u> / <u> </u> yy mm dd	Last Due Date <u> </u> / <u> </u> / <u> </u> yy mm dd

AUTHORIZATION
 I/We acknowledge that this Authorization is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). By signing this Authorization, the Payor acknowledges having received and 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. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

_____ Signature of Payor	_____ Date
_____ Signature of Payor	_____ Date

Note: If only one signature is required for the account, then only one Payor need sign. However if two or more signatures are required then both or all Payors must sign.

WAIVER OF PRE-NOTIFICATION (Does not apply to sporadic PADs)
 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.

_____ Signature of Payor	_____ Date
_____ Signature of Payor	_____ Date

CANCEL PAYMENT (_____ days notice is required before the next PAD will be issued. Cannot exceed 30 days)

_____ Signature of Payor	_____ Date
_____ Signature of Payor	_____ Date