

DIRECT PAYMENT AUTHORIZATION FORM

Effective Date: _____

****ANY NEW, CHANGE or CANCELLATION FORMS MUST BE SENT IN 5 BUSINESS DAYS PRIOR TO DUE DATE**

New Amendment Type of Change _____ Existing CD Amount \$ _____ Cancellation

Additional Instructions: _____

DEBIT INFORMATION

For verification purposes please attach a personal cheque marked "VOID"

ACCOUNT NUMBER: _____

INSTITUTION NAME _____

INSTITUTION ROUTE NO. _____ TRANSIT NO. _____

FIRST NAME: _____ SURNAME: _____

FIRST TRANSFER DATE: _____

AMOUNT: _____

FREQUENCY: Weekly Bi-weekly Monthly Month-end Quarterly Annual

EXPIRY DATE OR LAST PAYMENT DATE FOR LOAN/MTG PAYMENTS: _____

TRANSACTION TYPE: 450- Miscellaneous Payments

Each payment shall be treated the same as if I/we had personally issued a written direction authorizing the company to debit the amount specified to my/our account.

1. This authority is to remain in effect until _____ has received notification from me/us of its change or termination. This notification must be received at least five (5) business days before the next scheduled due date. I/we may obtain a cancellation form, or more information from my/our branch or by completing the bottom portion of this document fully.
2. I/We have certain recourse rights if any debit does not comply with the agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights, I/we can contact _____ or visit www.cdnpay.ca.

I (we) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below and by signing have agreed to the terms/conditions stated above including the noted collection of services fees.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

CONTACT: _____

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: _____ DATE: _____

SIGNATURE: _____ DATE: _____

CREDIT INFORMATION

BRANCH: Pembina INSTITUTION ROUTE NO. 879 TRANSIT NO. 20867

ACCOUNT NO. 5914900 ACCOUNT TYPE: Chequing

BUSINESS NAME: FAITHWORKS

AUTHORIZATION TO CANCEL

This automatic transfer may be cancelled at any time upon written notice to Faithworks.

EFFECTIVE DATE OF CANCELLATION: _____ REASON: _____

(A MINIMUM OF 5 BUSINESS DAYS NOTICE MUST BE GIVEN PRIOR TO THE NEXT DUE DATE.)

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

FORWARD CANCELLATION TO: _____

CONTACT INFORMATION: _____