



Canadian
South America Mission

CANSAM Pre-Authorized Debit

An easy, convenient method of providing your financial gifts

- * **CANSAM Pre-Authorized Debit** will save time and money for you and Canadian South America Mission.
- * **HOW IT WORKS** - On the 5th of each month (or shortly thereafter) your gift will be electronically transferred from your bank account. We will mail a receipt three times a year for your records.
- * **HOW IT HELPS** - You save time, money and the hassle of having to remember to write out and mail a check each month. CANSAM knows your support will arrive on the same day every month, which helps us budget and stay focused on ministry. We also save time and money processing receipts.
- * **HOW TO GET STARTED** - Just fill out the attached form, then return it and a voided cheque with your next regular contribution to:

Canadian South America Mission, Box 65057, 392 St. Albert Road, St. Albert, AB T8N 5Y3

BENEFITS of CANSAM Pre-Authorized Debit

For You

1. Convenience of check free giving.
2. No more hunting for the previous receipt and reply envelope.
3. Easy to change the amount of gift or stop altogether.
4. No forgetting support contributions.
5. No need to mail anything.
6. Can still give an extra gift or respond to a special need by check anytime.

For Canadian South America Mission

1. Saves time on opening mailed gifts, bank deposits, and data entry.
2. Saves printing costs and mailing costs of sending monthly receipts.
3. Provides consistent cash flow.

**PAYORS AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR
PERSONAL/HOUSEHOLD PURPOSES**

1. Payers Name and Address – please print

I/We warrant and represent that the following information is accurate.

Circle One Mr. Mrs. Ms. Miss	Surname	First Name
Street		
Town and Province	Postal Code	Telephone Number

Name of Payer's Financial Institution (the Processing Institution)		
Street		
Town	Postal Code	Account Number

I/We have attached a specimen cheque marked VOID to this payer authorization (the Authorization).

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

2. Payees Name and Address – Please print

Name of Payee (the payee)	Canadian South America Mission	
Street	Box 65057, 392 St. Albert Road	
Town	Postal Code	Telephone Number
St. Albert, AB	T8N 5Y3	780-459-0941

3. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the Account) in accordance with the Rules of the Canadian Payments Association.
4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
5. I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the APAD) drawn on the Account, for the following purpose:
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6. I/We may cancel the Authorization at any time upon providing written notice to the Payee.
7. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.
8. The Payee will provide to me/us, at the address provided in Section 1:

- (a) with respect to fixed amount PADs, written notice of the amount to be debited (the Payment Amount) and the date(s) on which the Payment Amount debited will be posted to my/our Account (the Payment Date), at least 10 calendar days before the Payment Date of the **first** PAD, and such notice shall be provided every time there is a change in Payment Amount or the Payment Date(s);
 - (b) with respect to the variable amount PADs, written notice of the Payment Amount and the Payment Date(s), at least 10 calendar days before the Payment Date of **every** PAD; and
 - (c) with respect to a PAD plan that provides for the issuance of a PAD in response to a direct action of mine/ours (such as, but not limited to, a telephone instruction) requesting the Payee to issue a PAD in full or partial payment of a billing received by me/us for a payment obligation that meets the requirements of Section 2 or Rule H4, no notice is required.
9. The Payee may issue a PAD _____ in a dollar amount up to a maximum of \$ _____.
(insert frequency of debits)
10. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.
11. Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
12. I/We may dispute a PAD only under the following conditions:
- (i) the PAD was not drawn in accordance with the Authorization;
 - (ii) the Authorization was revoked; or
 - (iii) pre-notification, as required under Section 8 was not received.
- I/We acknowledge that in order to be reimbursed a declaration to the effect that either (i), (ii) or (iii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 90 calendar days after the date on which the PAD in dispute was posted to the Account.
- I/We acknowledge that when disputing any PAD beyond the time allowed in this section, it is a matter to be resolved solely between me/us and the Payee, outside the payments system.
13. I/We agree that the information contained in the Authorization may be disclosed to RBC Royal Bank as required to complete any PAD transaction.
14. I/We understand and accept the terms of participating in this PAD plan.

(Client Name is Full)

(Authorized Signature)

**Please return this form and a voided cheque to:
Canadian South America Mission
Box 65057, 392 St. Albert Road
St. Albert, AB T8N 5Y3**