

**HOLY TRINITY PARISH**

2725 Lonsdale Avenue, North Vancouver, BC V7N 3J2

**PRE-AUTHORIZED PAYMENT AGREEMENT**

**FAMILY INFORMATION**

Account Holder(s) Name(s) and Address(es) \_\_\_\_\_ Envelope # \_\_\_\_\_  
 Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_

**PAYMENT DETAILS**     Specimen cheque marked "VOID" attached

Account Information \_\_\_\_\_  
 Regular Sunday (monthly) \$ \_\_\_\_\_  
 Building & Development Fund (monthly) \$ \_\_\_\_\_  
 Total Amount to be deducted each month \$ \_\_\_\_\_

Institution	Branch I.D.	Account No.
0		

Financial Institution – Name and Address (the "Processing Institution")

I authorize Holy Trinity Parish to process donations as requested      Date of Withdrawal -- 15<sup>th</sup> of each month

X \_\_\_\_\_  
Payor Signature      Date

**AUTHORIZATION:**  
 I/We acknowledge that this Authorization is provided for the benefit of the Parish and the "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.  
 By signing this Authorization, the family acknowledges having received and having read a copy of this agreement,

acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement.  
 I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

X \_\_\_\_\_  
Payor Signature      Date

X \_\_\_\_\_  
Payor Signature      Date

*Note: If only one signature is require 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**  
 I/We waive any and all requirement for pre-notification of debiting.

X \_\_\_\_\_  
Payor Signature      Date

**CANCEL PAYMENT 6 business days notice prior to the withdrawal date is required.**  
 The Payor hereby cancels this Pre-Authorized Payment Agreement effective: \_\_\_\_\_

X \_\_\_\_\_  
Payor Signature      Date

*The church will retain this agreement for at least 12 months after it is terminated.*

**PLEASE ATTACH A VOID CHEQUE**