



## Pre-Authorized Debit (PAD) Agreement – Monthly Donations

**To: MENNONITE BENEVOLENT SOCIETY (MENNO PLACE) — the “Payee”**

Address: 32945 Marshall Rd. Abbotsford, BC V2N 1K1

Phone: 604-851-3102

Fax: 604-851-4015

Email: donations@mennoplace.ca

**Charitable Registration Number: 119037984RR0001**

### INSTRUCTIONS

Please complete all sections to authorize monthly donation payments from your bank account. Return the completed form with a blank cheque marked “VOID” to the address or email above.

1. Donor Information (Please Print Clearly)		
Name(s):		
Mailing Address:		
City:	Province:	Postal Code:
Telephone Number:		
Email Address (optional):		
<input type="checkbox"/> I consent to receive updates and impact stories from Menno Place by email. I understand I can unsubscribe at any time.		

## 2. Bank Account Information

Deposit Account Number:

Branch Transit Number:

Financial Institution Number:

Chequing Account: ☐ Savings Account: ☐

Financial Institution Name:

Branch Address:

☐ *A specimen cheque marked "VOID" is attached to this Agreement.*

### 3. Monthly Donation Details

This authorization is considered a Personal PAD Agreement under Payments Canada guidelines. I/We hereby authorize the Mennonite Benevolent Society (Menno Place) to debit the account above on or about the **15th day of each month** in the following amount:

☐ \$25    ☐ \$50    ☐ \$100    ☐ \$200    ☐ \$Other \_\_\_\_\_

**Designation** (optional – if none selected, funds will go where needed most):

☐ **Where needed most**

☐ **Christian Values** – Develop a Spiritual Care Framework, Redevelop Sacred Spaces, Enhance Spiritual Care Volunteer Program & Support Chaplaincy

☐ **Service Excellence** – Support the development and implementation of a social relational model of care, create operational efficiencies and innovation in service delivery

☐ **Home of Choice** – Modernize facilities, optimize existing spaces, support excellence in care and quality of life

☐ **People & Culture** – Invest in a work environment that fosters employee well-being, engagement and a culture of excellence and belonging

## 4. Terms and Conditions

**Account Information:** The account that the Payee is authorized to draw upon is indicated above. A specimen cheque available for this account has been marked "VOID" and is attached to this Agreement. I/We must notify the Payee of any changes to the specified account.

**Accuracy and Changes in Account Information:** By signing this Agreement, I/we certify that all information contained in this form is accurate and we agree to inform the Payee, in writing, of any change in the information provided prior to the next due date of the PAD.

**Valid Signing Authority:** I/We confirm that all persons whose signatures are required to sign on this account have signed this agreement below.

**Authority To Debit Account:** I/We hereby authorize the Payee to draw on our account indicated above, for the following purpose: supplies and services to residents and employees.

**Category, Frequency and Amount of Debits:** Personal PADs in a variable amount as set out in agreements between the Parties for goods or services may be drawn on the account monthly beginning on the date of this Pre-Authorized Debit (PAD) Agreement.

**Recourse/Reimbursement:** I/We have certain recourse rights if any debit does not comply with this Agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on our/my recourse rights, I/we may contact our Financial Institution or visit [www.payments.ca](http://www.payments.ca).

**Our Rights of Dispute:** I/We may dispute a Pre-Authorized Debit in accordance with Payments Canada Rules under the following:

1. The PAD was not drawn in accordance with my/our Agreement; or
2. This Agreement was revoked.

In order to be reimbursed, I/we acknowledge that a declaration to the effect that either (1) or (2) took place, must be completed, and presented to our Financial Institution branch up to and including 90 (ninety) calendar days after the date on which the disputed PAD was posted to our account. We acknowledge that any claim made after 90 (ninety) business days or for any reason other than the above, is a matter to be resolved solely between the Payee and myself/ourselves.

**Acceptance of Delivery of Agreement:** I/we acknowledge that provision and delivery of this Agreement to the Payee constitutes delivery by me/us to my/our Financial Institution.

**Cancellation of Arrangement:** This Agreement may be cancelled by me/us at any time by providing written notice to the Payee, no more than thirty (30) days prior to the next PAD being issued. I/We may obtain a sample cancellation form, or further information on my/our right to cancel a PAD Agreement, at my/our financial institution or by visiting [www.payments.ca](http://www.payments.ca). Upon cancellation, the Payee may cease issuing PADs either in accordance with the terms of the Payor's PAD Agreement or in accordance with Rule H1.

**Contract for Goods or Services:** Revocation of this Agreement does not terminate any contract for goods or services that exists between the Payee and me/us. My/Our Agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

**Confirmation of Pre-Notification Waiver:** I/we agree to waive all pre-notifications, including pre-notifications referred to in the Payments Canada Rules.

**Acknowledgement of PAD Type:** I/We acknowledge that this Personal PAD Agreement is for charitable donations and does not constitute a contract for goods or services.

**Confidentiality and Disclosure:** I/We understand and agree to this PAD Agreement and to the disclosure and use of any confidential information to financial institutions and to any third parties as may be required to process the PADs in accordance with the Payments Canada Rules.

## **5. Receipting and Use of Donations**

Receipt of and spending of donations is confined to Board approved programs and projects. Each contribution directed toward an approved program or project will be used as restricted with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason, the remaining restricted contributions will be used where needed most, as determined by the Board.

Official donation receipts will be sent by email or by Canada Post if no email address is provided. Per CRA guidelines, official donations receipts can only be issued in the name of the individual or organization that made the gift as it appears on the form of payment (cheque or card). Charitable tax receipts will be issued for all donations over \$20.

## 6. Signatures

Dated this \_\_\_\_\_ day of \_\_\_\_\_, **20**\_\_\_\_\_

**Donor Name** (Print): \_\_\_\_\_

**Donor Signature:** \_\_\_\_\_

**Join Account Holder Name** (if applicable) (Print): \_\_\_\_\_

**Joint Account Holder Signature** (if applicable): \_\_\_\_\_