

West London Alliance Church

Payor's Pre-Authorized Debit (PAD) Agreement

I want to support **West London Alliance Church** through Monthly or Twice Monthly donations. *Please circle which applies*

Please debit my bank account: (attach VOID cheque or banking information form)
Amount \$ _____ on the 3rd monthly, the 18th monthly, or both the 3rd and 18th
or the next business day. *Please circle which applies.* **Date to start:** _____.

Please allocate my donation as follows:

WLAC Ministries (incl. English, Chinese, Arabic, JSAC).....	\$ _____
CMA Missionary Support (General).....	\$ _____
CMA Missionary SUPPORT of:.....	\$ _____
CMA Missionary PROJECTS of:.....	\$ _____
District Ministries	\$ _____
Other	\$ _____
Total \$ _____	

DONOR (PAYOR) INFORMATION (Please Print):

Business Name (if applicable): _____

Last Name: _____ First Name: _____

Address: _____

Telephone: _____ Email: _____

This donation is made on behalf of: _____ **an Individual** _____ **a Business**

PAYEE: **West London Alliance Church**
750 Wonderland Rd. N., London, ON N6G 5L3 Telephone: (519) 471-8716
Email: kim@wlachurch.org

This agreement may be cancelled at any time by providing West London Alliance Church notice in writing or orally (with proper authorization to verify the identity of the payor), **30 days prior to the next PAD** being issued. In order to revoke this authorization, I/We must provide notice of revocation to West London Alliance Church. For more information on my right to cancel a PAD, I may contact my financial institution or visit <https://payments.ca/>.

I/We have certain recourse rights. I/We may dispute this PAD under any of the following conditions:
(a) the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement; or
(b) this Payor's PAD Agreement was revoked; or
(c) pre-notification was not received and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and West London Alliance Church.

To obtain more information on my recourse rights, I may contact my financial institution or visit <https://payments.ca/>.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed this agreement.

Authorized Signature(s): _____ **Date:** _____