PRE-AUTHORIZED PAYMENT AUTHORIZATION - TERMS AND CONDITIONS

Payee Name: Hope Pregnancy & Family Support Centre

Charitable Registration Number: BN 89540 6643 RR0001

A PAD may be disputed by a Payor under the following conditions:
(1) the PAD was not drawn in accordance with the Payor's Authorization; or
(2) the authorization was revoked; or
(3) pre-notification was not received.
The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the TD Canada Trust holding the Payor's account up to and including 90 calendar days in the case of a personal/household PAD (or up to and including 10 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to the Payor's account.
The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the **Hope Pregnancy & Family Support Centre** and the Payor when disputing any PAD after (90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD).
I(We) acknowledge that this Authorization is provided for the benefit of the **Hope Pregnancy & Family Support Centre** and TD Canada Trust and is provided in consideration of TD Canada Trust agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.
I(We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.
I(We) hereby authorize **Hope Pregnancy & Family Support Centre**
to draw on (Payor Name)_____ account number _____ with

(Bank Name)_____, for the following purpose; to be used for a regular monthly donation.

This authorization may be cancelled at any time upon notice by (Name of Payor). I (We) acknowledge that, in order to revoke this authorization, I (We) must provide notice of revocation to **Hope Pregnancy & Family Support Centre**
I(We) acknowledge that provision and delivery of this authorization to **Hope Pregnancy & Family Support Centre** constitutes delivery by (Name of Payor) to TD Canada Trust. Any delivery of this authorization to you constitutes delivery by (Name of Payor).

DEFINITIONS

Business PAD **:** Means a PAD (Pre-Authorized debit in paper, electronic or other form) drawn on the account of a Payor such as, but not limited to, a corporation, an organization, a trade, an association, a government entity, a profession, a venture or an enterprise, for the payment of goods and services related to commercial activities of the Payor.

Personal / Household PAD: Means a PAD drawn on the account of a Payor for payments such as, but not limited to, charitable donations, RESP and Spousal RRSP contributions, mortgage installments, utility bills, insurance premiums, membership fees, property taxes, credit card billings and payment for other consumer goods and services.

I(We) acknowledge that TD Canada Trust is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount.
I(We) acknowledge that TD Canada Trust is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by **Hope Pregnancy & Family Support Centre** as a condition to honouring a PAD issued or caused to be issued by **Hope Pregnancy & Family Support Centre** on (Name of Payor) account.
Revocation of this authorization does not terminate any contract for goods or services that exists between (Name of Payor) and **Hope Pregnancy & Family Support Centre** The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
I(We) undertake to inform **Hope Pregnancy & Family Support Centre**, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.
The Payor and **Hope Pregnancy & Family Support Centre** agree to waive the pre-notification requirement set out in Section 11 of Appendix II of rule H1 of the Canadian Payments Association.
The account that **Hope Pregnancy & Family Support Centre** is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked "VOID" and attached hereto.

Signature _____ Date _____

Signature _____ *Date* _____

I (we) _____authorize to process a debit, in paper, electronic or other form in the amount of: $_____

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

I (we) understand that a receipt for this charitable donation will be mailed to me at year end.

If at any time I (we) wish to discontinue these automatic debits I (we) understand that sufficient notice must be given to allow time for processing.

1) Month to Begin Donation _____(mm/yyyy)

2) Processing Date Monthly: 1st_____ 15th_____ 28th _____

Signature of Payor(s):_____ _____ Date _____

✱Please be sure to notify the centre with any changes to your contact information during the course of this agreement so that we can ensure you receive your tax deductible receipt.

Name of Financial Institution: _____Bank ID _____Transit # _____

Account # _____ ✱Please be sure to attach a personal or business blank cheque marked **"void".✱**