



Pre Authorized Debit (PAD) Agreement

Instructions: Please complete all sections this pre-authorized withdrawal form. Return the completed form with a **blank cheque marked void** to Millennium.

Millennium Relief & Development Services (Canada)

PO Box 902 Fort Langley, BC V1M 2S3 Canada

Phone: 604.533.0767 / Fax: 604.648.9425 / Email: canada@mrds.org / Web: www.mrds.ca

CONTACT INFORMATION (Please print clearly)		
Name:		
Mailing Address:		
City:	Province:	Postal Code:
Telephone Number:	Email:	

BANK ACCOUNT INFORMATION		
Deposit Account Number:	Branch Transit Number:	
Financial Institution Number:	Chequing Account:	Savings Account:
Financial Institution: Name:		
Branch Address:		

Account Information: The account that the payee (Millennium) is allowed to draw upon is indicated above. A specimen cheque available for this account has been marked void and is attached to this authorization.

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

Valid Signing Authority: We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.

Authority to Debit Account: I/we, _____ authorize *Millennium Relief & Development Services (Canada)* to charge my/our account each month for the amount shown below. This authority will remain in effect until I give written notice to cancel it.

Purpose of the Debit: This monthly (PAD) is designated as charitable donation to your organization for the project or work of:

(Name or Project) _____

Frequency and Amount of Debits: Please debit my/our account monthly in the amount of \$ _____

Please debit my/our account on 1st or 15th (circle day) Please start debiting my/our account on _____ (Month) _____ (Year)

This donation is being made by: ____ an individual ____ a business

Validation by Processing Financial Institution: We acknowledge our Financial Institution is not required to verify that any purpose of payment for which a PAD was issued has been fulfilled by the Payee or that a PAD has been issued in accordance of the particulars of our Authorization including, but not limited to, the amount, as a condition to honouring a PAD issued by the PAYEE on our account.

Recourse/Reimbursement: We have certain recourse rights if any debit does not comply with this agreement. For example, 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 recourse rights, we may contact our Financial Institution or visit www.cdnpay.ca

Our Rights of Dispute: We may dispute a Pre-Authorized Debit in accordance with CPA Rules under the following conditions:

1. The PAD was drawn in accordance with our Authorization; or
2. This authorization was revoked.

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

Acceptance of Delivery of Authorization: We acknowledge that provision and delivery of this authorization to the PAYEE constitutes delivery by us to our Financial Institution. Any delivery of this Authorization to you constitutes delivery by us.

Cancellation of Arrangement: This authorization may be cancelled at any time upon notice by us to the Payee at least 15 days prior to the PAD being issued. We (the PAYOR) may obtain a sample cancelation form, or further information on our rights to cancel a PAD Agreement at our financial institution or by visiting www.cdnpay.ca.

Pre-Notification Waiver: We agree with the Payee to waive the requirement under the CPA rules to receive a written pre-notification prior to each PAD as set out in the Rules.

We understand and agree to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process the PAD in accordance with the CPA rules.

Dated this _____ day of _____, 20_____

Authorized Signature

Name (please print)

Authorized Signature

Name (please print)

Stewardship Policy: All financial Gifts to Millennium are tax deductible. Gifts designated for a specific project will be used as specified with the understanding that if the project is fully funded or cannot be carried out for any reason, our Board apply these funds to another pressing need. Spending of funds is confined to Board approved projects.