

Grace Lutheran Church, ELCIC

Pre-Authorized Giving Program

Plan your giving on a regular basis.

Thank you for your interest in our ***Pre-Authorized Giving Program***. You can now choose to (a) make one monthly donation on either the 1st or the 15th day of the month or (b) give twice a month, according to your budget.

Please note that it takes a minimum of 10 business days to activate the system and to process changes.

To ensure proper set-up:

- Read, complete, and sign the attached *Pre-Authorized Giving Program* form and the *Authorization for Consumer Pre-Authorized Debit (PAD) Plan* form on its reverse side. Please note that your signature is required on both sides of the form.
- Make sure to attach a void cheque.
- Return the form in a sealed envelope to the Financial Secretary's mailbox in the Narthex.

If at any time you decide to increase, decrease, temporarily stop, or permanently stop the payment:

- Read, complete, and sign the *Amendment Form* that is available in the Narthex.
- Return the Amendment Form in a sealed envelope to the Financial Secretary's mailbox in the Narthex.

Thank you for your commitment to our congregation's ministry.

If you have any questions or concerns, please contact the Financial Secretary (finsec@gracelutheranvictoria.ca); or you can call the Church Office (250-383-5256) or send an email (admin@gracelutheranvictoria.ca).

Grace Lutheran Church, ELCIC Pre-Authorized Giving Program

Authorization of the Payor to the Payee to Direct Debit an Account

INSTRUCTIONS

1. Complete all sections below in order to instruct your financial institution to make payments directly from your account.
2. Sign the *Terms and Conditions* form on the reverse of this page.
3. Return this form along with a blank cheque marked "VOID" in a sealed envelope to the Financial Secretary or the Church Office.

Monthly Giving Amount: \$ _____

Start: _____ 1st day of _____ OR _____ 15th day of _____

PAYOR INFORMATION *(please type or print clearly)*

Payor Name(s) _____

Mailing Address: _____

Telephone Numbers: _____

Signature of Payor(s) _____ Date: _____

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION *(please type or print clearly)*

Name of Financial Institution: _____

Branch: _____

Branch Address: _____

Transit/Branch Number *(5 digits)* Institution Number *(3 digits)* Account Number *(up to 12 digits)*

PLEASE ATTACH A BLANK CHEQUE MARKED "VOID"

PAYEE INFORMATION

Grace Evangelical Lutheran Church
1273 Fort Street
Victoria BC V8V 3L4
(250) 383-5256 — Email: treasurer@gracelutheranvictoria.ca

TERMS AND CONDITIONS

1. The applicant(s) authorizes GRACE EVANGELICAL LUTHERAN CHURCH to debit the applicant's financial institution and credit the designated account at Coast Capital Savings Credit Union. The debit may be in the form of paper, electronics or other form.
2. Authorization to revoke or amend this agreement must be given to Grace Evangelical Lutheran Church in writing 15 full business days prior to the next payment date.
3. The applicant acknowledges the Financial Institution is not required to verify: - the debit has been issued in accordance with the particulars of the authorization including the amount and frequency of payments. - any purpose of payment for which the Debit is issued has been fulfilled by Grace Evangelical Lutheran Church as a condition to honouring a Debit issued or caused by Grace Evangelical Lutheran Church on the account.
4. Revocation of this agreement does not in any way terminate any other obligations between the applicant(s) and Grace Evangelical Lutheran Church
5. The applicant(s) may apply in writing to the Financial Institution for reimbursement of the Debit if the Debit was disputed under the following conditions: - an authorization was never provided to Grace Evangelical Lutheran Church - the Debit was not drawn in accordance with the authorization, or - the authorization was revoked in accordance with #2 above. The Financial Institution will upon receipt of the applicant's signed declaration: - Up to 90 days after the date of the Debit in dispute was posted to the applicant(s) account, immediately reimburse the applicants(s). - After 90 days, request that Grace Evangelical Lutheran Church provide a certified copy of the authorization. The financial institution verifies authorization of the Debit and determines that the above points took place before reimbursing the applicant. Cancellation of Agreement – This Authorization may be cancelled at any time upon notice by us to the Payee at least 30 days prior to the pre-authorized debit. 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.
6. In the event that the financial institution of the applicant is unable to honour a transaction, or the applicant does not give 15 days notice prior to the due date of any changes or cancellations the applicant agrees and hereby authorizes Grace Evangelical Lutheran Church to charge the applicant's account a service fee of \$25.00 and to collect each service fee at the date GRACE EVANGELICAL LUTHERAN CHURCH is made aware that the transaction has been dishonoured by the applicant(s) account.
7. I/We, the applicant(s) have read and understood and agree to the terms and conditions on this form.
8. I/We warrant that all persons whose signatures are required to sign on the account have signed this agreement.
9. I/We the applicant hereby agree that our strata fee/special assessment/rent may increase or decrease based on proper notification.
10. 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 pre-authorized debit agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

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