

PRE-AUTHORIZED DEBIT FORM – OFFERINGS

Payee name and address:

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| Name: Spoken Word Ministries |
| Mailing Address: PO Box 3041 Mission, BC, V2V 4J3 |

Customer Information (Payor):

| | | |
|---------------------|-------------------------|--------------|
| Name: | | |
| Mailing Address: | | |
| City: | Province: | Postal Code: |
| Home Phone: () | Business Phone: () | |

Payments are to be debited from the following account: (complete or attach a void cheque)

| | | | | | | | | | | | | | | | | | |
|--------------------------------------|--|--|------------|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|
| Financial Institution Name & Address | | | | | | | | | | | | | | | | | |
| Bank ID | | | Transit No | | | Bank Account No | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

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|--------------------|--------------------|----------|--|
| Description of PAD | Donation (CPA 480) | Amount | <input type="radio"/> 15 th <input type="radio"/> 30 th <input type="radio"/> Both |
| Offering | Business PAD | \$ _____ | |

Authorization

I/We hereby request and authorize the Payment Processor on behalf the Payee to debit payments authorized by me/us from the chequing account specified.. Notice of cancellation of this authorization may be made by me/us at any time, in writing, with 15 days notice. Such notice shall not have effect on debits made prior to cancellation. I/We acknowledge that this authorization is provided for the benefit of the “payee” and the “payment processor” and is provided in consideration of the payee and payment processor agreeing to process debits (PADs) against the account in accordance with the rules of the Canadian Payments Association. By signing this authorization the payor acknowledges having received and read a copy of this agreement, acknowledges understanding the terms and conditions of this agreement, and agrees to be bound by the terms and conditions of this agreement. I/We waive all requirements for pre-notification of debiting. The payee warrants that it will maintain the information confidential and will use it exclusively for the purposes of affecting the payment services of the payment processor. I/We warrant and guarantee that the persons(s) whose signatures are required to sign on the account have signed the authorization.

| | |
|----------------------|----------------------|
| Customer Name: _____ | Customer Name: _____ |
| Signature: _____ | Signature: _____ |
| Date: _____ | Date: _____ |

A copy of a void cheque or deposit slip is required to process this form, or completion by your bank with their Bank stamp.

“Each gift designated toward a board approved program will be used as designated where feasible. When a given need has been met, or where projects cannot be carried out, at the board’s discretion the donor agrees that designated gifts may be used where needed most”