



SERBIAN ORTHODOX DIOCESE OF CANADA
 ST. ARCHANGEL GABRIEL
 SERBIAN ORTHODOX PARISH, RICHMOND HILL, ONT.
 СРПСКА ПРАВОСЛАВНА ЕПАРХИЈА КАНАДСКА
 СРПСКА ПРАВОСЛАВНА ПАРОХИЈА
 СВ. АРХАНГЕЛА ГАВРИЛА, РИЧМОНД ХИЛ, ОНТ.



AUTHORIZATION FOR DONOR PRE-AUTHORIZED DEBIT PLAN

Authorization of the Donor to the St. Archangel Gabriel Serbian Orthodox Parish of
 Richmond Hill, ON to Direct Debit an Account.

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments from your account.
2. Return the completed form with a blank cheque marked "VOID".
3. If you have any questions, please contact your parish treasurer:
 Joanne Nedeljkovic: joanne_folkersen@yahoo.ca OR 647-971-4965

Donor Information (please print):

Name of Donor (to appear on tax receipt):
Address:
Telephone (home or cell):
E-Mail (for tax receipts):
Signature of Donor:
Date:

Parish Name: St Archangel Gabriel Serbian Orthodox Parish
Parish Address: 49 North Lake Rd, Richmond Hill, ON P.O. BOX 2918 L4E 1A8

My monthly donation will be as follows: The sum \$_____ to be debited from my account on the 15th of each month commencing _____.

Please Sign Here

Please complete sections on other side of this page

Branch Number	Institution #	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City / Province		Postal Code

**AUTHORIZATION FOR DONOR PRE-AUTHORIZED DEBIT PLAN
Terms & Conditions**

1. In this Authorization, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for charitable purposes and I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for charitable donation purposes (a "Donor PAD") , on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and I authorize the Financial Institution to honour and pay such debits. This Authorization is provided for the benefit of the Payee and my Financial Institution and is provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Donor PAD, and any Donor PAD drawn in accordance with this Authorization, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke this Authorization at any time by delivering a written notice of revocation to the Payee.
4. I agree that my Financial Institution is not required to verify that any Donor PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfilment of any purpose of any Donor PAD.
5. I agree that delivery of this Authorization to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Authorization to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Authorization to such financial institution.
6. (a) I understand that with respect to:
 - (i) fixed amount Donor PADs, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first Donor PAD, and such notice shall be received every time there is a change in the amount or payment date(s);
 - (ii) a Donor PAD Plan that provides for the issuance of a Donor PAD in response to my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to issue a Donor PAD.
7. I may dispute a Donor PAD by providing a signed declaration to my Financial Institution under the following conditions: (a) the Donor PAD was not drawn in accordance with this Authorization;
 - (b) this Authorization was revoked;
 - (c) any pre-notification required by section 6 was not received by me;
 I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Donor PAD, I must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Donor PAD was posted to the Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Donor PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed Donor PAD.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Authorization at least ten (10) business days prior to the next due date of a Donor PAD. In the event of any such change, this Authorization shall continue in respect of any new account to be used for Donor PADs.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization below.
10. I understand and agree to the foregoing terms and conditions.

Name of account holder	Signature	Date
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