



Pre-Authorized Payment Authorization

Personal/Household PAD

OR

Business PAD

Payor Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone No: _____ Email address: _____

I (We) authorize Impact Canada to process a debit, in paper, electronic or other form in the amount of: Fixed amount: \$ _____ from my (our) bank account on the _____ of each month beginning _____ date.

1st or 15th day

date

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

**Personal/
Household
PAD only**

Signature of Payor(s): _____

Date: _____

**Business/
PAD only**

Name(s) of Authorized Signing Officer(s): _____

Signature(s) of Authorized Signing Officer(s): _____

Date: _____

PRE-AUTHORIZED PAYMENT AUTHORIZATION - TERMS AND CONDITIONS

I (We) acknowledge that this Authorization is provided for the benefit of Impact Canada (the "Payee") and the (Processing Institution) and is provided in consideration of the (Processing Institution) 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 on the front page of this Authorization.

I (We) hereby authorize Impact Canada to draw on the Payor's account number _____ with (Processing Institution), for the following purpose - to make a charitable donation to Impact Canada.

This authorization may be cancelled at any time upon notice by [Name of Payor(s)]. I (We) acknowledge that, in order to revoke this authorization, I (We) must provide notice of revocation to Impact Canada.

I (We) acknowledge that provision and delivery of this authorization to Impact Canada constitutes delivery by [Name of Payor(s)] to the (Processing Institution). Any delivery of this authorization to you constitutes delivery by [Name of Payor(s)].

The Payor(s) and Payee agree to waive the pre-notification requirement set out in Section 11 of Appendix II of rule H1 of the Canadian Payments Association.

I (We) undertake to inform Impact Canada, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

The account that Impact Canada is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked "VOID" and attached hereto.

I (We) acknowledge that the (Processing Institution) 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 (Processing Institution) is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Payor's account.

Revocation of this authorization does not terminate any contract for goods or services that exists between the [Name of Payor(s)] and Impact Canada. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged.

A PAD may be disputed by the Payor(s) 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(s), 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 Processing Institution 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(s) 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 Payee and the Payor(s) 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).

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 the Payor(s) 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.