



**Sound Of Faith
Broadcasting Inc. O/A**



Direct Debit Program Authorization Form

To authorize **Sound Of Faith Broadcasting Inc. O/A Faith FM** to receive payments debited from your account, complete all sections or request that your financial institution staff complete, stamp and sign in the boxes on the bottom of this page. Sign the form on the reverse side*.

PAYEE: **Sound of Faith Broadcasting Inc. O/A Faith FM**
 PO BOX1433, KITCHENER ON, N2G 2M4 Telephone: (519) 575-9090 EX. 28

SOUND OF FAITH BROADCASTING INC. O/A FAITH FM CUSTOMER (PAYER) INFORMATION (Please Print):

Business Name (if applicable): _____

Last Name: _____ First Name: _____

Street Address: _____ Telephone: _____

City/Town: _____ Postal Code: _____

Sound of Faith Broadcasting Inc. O/A Faith FM Customer Reference Number: _____

CUSTOMER'S FINANCIAL INSTITUTION (F.I.) ACCOUNT INFORMATION:

Name of Financial Institution: _____

Branch Street Address: _____ Telephone: _____

City/Town: _____ Postal Code: _____

The account that **Sound of Faith Broadcasting Inc. O/A Faith FM** is authorized to draw upon is indicated below. A specimen cheque if available for this account has been marked "VOID" and attached to this authorization.

I/We agree to inform **Sound Of Faith Broadcasting Inc. O/A Faith FM** in writing, or any change in the account information provided in this authorization prior to the next due date of the PAD.

Credit Union Office Use Only, Please	
Account Number at F.I.: -----	
Institution # -----	Branch # -----

F.I. Branch to Stamp & Sign as Verification	
F.I. Staff Signature	Date

AGREEMENT BETWEEN SOUND OF FAITH BROADCASTING INC. O/A FAITH FM AND CUSTOMER(s) (referred to as I/We) AND FINANCIAL INSTITUTIONS:

I/We acknowledge that this authorization is provided for the benefit of the **Sound of Faith Broadcasting Inc. O/A Faith FM** 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



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the Canadian Payments Association.

1. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.
2. I/We hereby authorize **Sound Of Faith Broadcasting Inc. O/A Faith FM** to draw on my/our account, with my financial institution as indicated on the reverse of this authorization for the following purpose:
 - a) Specify the category – **Personal** or Business (circle one)
 - b) Specify the purpose – **Donation**, Advertising or Program (circle one)
 - c) If Sporadic, specify the required valid authorization for processing each debit – password or secret code, signature
3. The authorized fixed amount of this debit is \$ _____ . The maximum allowable amount for this debit is: \$ _____ .
The authorized frequency of debit transaction is **Frequency** on the 15TH of every month, beginning on _____ .
4. This agreement may be cancelled at any time by providing **Sound Of Faith Broadcasting Inc. O/A Faith FM** notice in writing (with proper authorization to verify the identity of the payor), 30 days prior to the next PAD being issued. In order to revoke this authorization, I/We must provide notice of revocation to **Sound of Faith Broadcasting Inc. O/A Faith FM**. For more information on my right to cancel a PAD, I may contact my financial institution or visit www.cdnpay.ca .
5. I/We acknowledge that providing and delivering this authorization to **Sound of Faith Broadcasting Inc. O/A Faith FM** constitutes delivery by me/us to my/our financial institution. Any delivery of this authorization to you constitutes delivery by me/us.

Sound of Faith Broadcasting Inc. O/A Faith FM is required to send written notice of the amount to be debited and the due date(s), at least 10 calendar days prior to the due date of the first debit. Such notice shall be received every time there is a change in the amount or payment date(s).

6. **Sound of Faith Broadcasting Inc. O/A Faith FM** will provide me/us with written notice of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAD. Notice will be provided every time there is a change in the amount or payment date(s).
7. Pre-notification may be given to me/us in writing or by email.
Or
I/we hereby waive pre-notification. Accepted by: _____ (authorized signature(s))
8. My/our financial institution is not required to verify:
 - a) that a PAD has been issued in accordance with the particulars of this Payor's PAD Agreement including, but not limited to, the amount
 - b) that any purpose of payment for which this PAD was issued has been fulfilled by **Sound Of Faith Broadcasting Inc. O/A Faith FM** as a condition to honouring a PAD issued or caused to be issued by **Sound Of Faith Broadcasting Inc. O/A Faith FM** on my/our account.
9. This Payer's PAD Agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged. Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and **Sound Of Faith Broadcasting Inc. O/A Faith FM**.
10. I/We have certain recourse rights. I/We may dispute this PAD under any of the following conditions:
 - (a) the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement; or
 - (b) this Payor's PAD Agreement was revoked; or
 - (c) pre-notification was not received and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and **Sound Of Faith Broadcasting Inc. O/A Faith FM**. **To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca .**

11. I/We understand and accept my/our participation in this PAD arrangement.
12. I/We consent to the disclosure of any personal information contained in this document, necessary for the proper processing of this Payor's PAD Agreement to Libro Credit Union limited.

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____