

Pre-Authorized Debit Agreement

Branch: **Ottawa Branch**

	Assumption Of The Blessed Virgin UKRAINIAN ORTHODOX CATHEDRAL,
Names(s) of Parishoner(s) Address Telephone	

I/We the undersigned hereby authorize **BUDUCHNIST CREDIT UNION** to debit my/our account at the Financial Institution indicated, under the terms and conditions agreed to by me/us with the Credit Union as follows:

[Attach void cheque from other Financial Institution] or complete the following information:

Name of Financial Institution	Address	City	Province	Postal Code
Financial Institution Route and Transit	Account Number to be debited			

Account Holder(s) Name(s) _____
 for the amount of \$ _____ starting on _____ at a **WEEKLY, BI-WEEKLY, MONTHLY** frequency, (circle desired option) and credit the church account at the credit union as follows:

Ottawa Branch		Assumption Of The Blessed Virgin UKRAINIAN ORTHODOX CATHEDRAL	C/A	1
Branch	Member Number	Account Name	Acct Benefit Type	Acct Sub #

For the reason of: **direct deposit of donation to church**

I/We have read and understood the attached terms and conditions and hereby accept them as a condition of my/our participation in the Credit Union's Pre-Authorization Debit Plan.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

X I/We hereby authorize automatic cancellation of this Debit Agreement at such time that we sign a Cancellation of the agreement.

Signed: DATE _____

X _____
 Member Signature Joint Member Signature (if two or more signatures are required)

_____ for **BUDUCHNIST CREDIT UNION LIMITED**

Witness

<u>Admin Office Use Only:</u>				
<u>Account Encoding:</u>			<u>Transaction Type:</u>	
_ _ _ _	_ _	_ _ _ _ _ _ _ _	_ _	_ _

CHANGE – Please change this Debit Agreement effective: _____

			Change Financial Institution Information Only	
Amount	Due Date	Frequency		
Branch	Member Number	Account Name	Account Benefit Type	Account Sub #

_____ _____
 Member Signature Joint Member Signature (if two or more signatures are required)

_____ for **BUDUCHNIST CREDIT UNION LIMITED**

Witness

<u>Admin Office Use Only:</u>				
<u>Account Encoding:</u>			<u>Transaction Type:</u>	
_ _ _ _	_ _	_ _ _ _ _ _ _ _	_ _	_ _

CANCELLATION – Please cancel this Debit Agreement effective: _____

_____ _____
 Member Signature Joint Member Signature (if two or more signatures are required)

_____ for **BUDUCHNIST CREDIT UNION LIMITED**

Pre-Authorized Debit Agreement Terms and Conditions

1. I/We acknowledge that this Authorization is provided for the benefit of **BUDUCHNIST CREDIT UNION LIMITED**, herein called "the Credit Union", and the Financial Institution and is provided in consideration of the Financial Institution agreeing to process debits against my/our account in accordance with the rules of the Canadian Payments Association.
 2. I/We hereby authorize the Credit Union to draw on my/our account as indicated in the Pre-Authorized Debit Agreement and in accordance to the Credit Union's Service Agreement.
 3. I/We may cancel this Authorization at any time upon ten days notice. I/We acknowledge that in order to revoke this Authorization, I/We must provide a written notice of revocation to the Credit Union.
 4. I/We acknowledge that provision and delivery of this Authorization to the Credit Union constitutes delivery by us to the Financial Institution. Any delivery of this Authorization to you constitutes delivery by me/us.
 5. The account that the Credit Union is authorized to draw upon is indicated in the Pre-Authorized Debit Agreement. A specimen cheque, if available for this account, has been marked "VOID" and attached to this Authorization. I/We undertake to inform the Credit Union, in writing, of any change in account information provided in this Authorization at least 5 business days prior to the next due date.
 6. I/We acknowledge that the Financial Institution is not required to verify that a Pre-Authorized Debit from my/our account has been issued in accordance with the particulars of my/our Authorization to the Credit Union including, but not limited to, the amount. I/We further acknowledge that the Financial Institution is not required to verify that any purpose of payment for which the Pre-Authorized Debit was issued by me/us has been fulfilled by the Credit Union as condition precedent to honouring a Pre-Authorized Debit issued or caused to be issued by the Credit Union on my/our account.
 7. Revocation of this Authorization does not terminate any contract for goods or services that exists between me/us and the Credit Union. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged.
 8. I/We may dispute a Pre-Authorized Debit to my/our account under the following conditions:
 - a. the Pre-Authorized Debit was not drawn from my/our account in accordance with this Authorization.
 - b. I/We revoked this Authorization; or
 - c. Pre-notification was not received.
- I/We shall be reimbursed only where I/We present a completed declaration to my/our branch of the Credit Union stating that either (a), (b), (c) has taken place within 30 calendar days after the date on which the Pre-Authorized Debit in dispute was posted to my/our account.
9. I/We acknowledge that a claim based on my/our previous revocation of this Authorization, at any time after 30 calendar days after the date on which the Pre-Authorized Debit in dispute was posted to my/our account, or any reason other than (a), (b) or (c) above, is a matter to be resolved solely between me/us and the Credit Union.
 10. I/We hereby consent to the disclosure to the Credit Union any personal or financial information contained in this Authorization, which is directly related to the processing of the Pre-Authorized Debits completed in this Authorization under the rules of the Canadian Payments Association.

Parishioner's Signature

Parishioner's Signature