



I want to support Silver Lake Wesleyan Camp through monthly donations.

1. Instructions:

- a. Please complete all sections below to instruct your financial institution to make payments directly from your account.
- b. Return the completed form with a blank cheque marked "VOID" to Silver Lake Wesleyan Camp at the address noted in section 6 below
- c. If you have any questions, please write or call the camp at 613-268-2770.

2. Donation Amount and Designation:

- a. Phase 1 Capital Campaign - To support the camp's fundraising efforts, please debit my bank account monthly at:
___ \$25 ___ \$50 ___ \$100 ___ Other amount

Please debit the above amount on the ___ 15th or the ___ 30th of the month; or specify another date _____

I understand that should these fund raising efforts continue beyond two years, the camp will contact me to confirm whether my monthly donations are to continue at that time.

- b. General Fund - To support the camp's general fund, please debit my bank account monthly at:
___ \$25 ___ \$50 ___ \$100 ___ Other amount

Please debit the above amount on the ___ 15th or the ___ 30th of the month; or specify another date _____

3. Payor Information- Please complete the following information about yourself (type or print

clearly.) Signature: _____

Donor Name (s) _____

Address / Contact Information _____

Telephone _____ Date _____

4. Payor Financial Institution / Banking Information (Please type or print clearly)

Branch # _____ Institution # _____ Account Number _____

Name of financial institution: _____

Branch _____ Branch Address _____

City _____ Province _____ Postal Code _____

5. This donation is made on behalf of:

I may revoke my authorization at any time, subject to providing notice of 20 days. To obtain a sample cancellation form, or for more information on my right to cancel this pre-authorized debit agreement, I may contact my financial institution, or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debt that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

6. Payee Information - When this form is completed, please forward to Silver Lake Wesleyan Camp, Box 38, Maberly, Ontario K0H 2B0

You may contact the camp at the following email address: office@slwc.ca or call 613-268-2770 or toll free: 1-877-511-2267



**Personal Pre-Authorized Debit Plan
Terms & Conditions effective October 2012**

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes.
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 consumer goods or services (a "Personal PAD") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution")
I authorize the Financial Institution to honour and pay such debits.
This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution are 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 Personal PAD, and any Personal PAD drawn in accordance with this Agreement, 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 or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee.
This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.
The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PADs.
I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or at www.cdnpay.ca.
4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. I understand that with respect to;
 - i. Fixed amount Personal PADs occurring at set intervals, I 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 for Paper Agreements, fifteen (15) Electronic Agreements before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment dates(s).
 - ii. Variable amount Personal PADs occurring at set intervals, I 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 every Paper PAD/ 45 calendar days for Electronic PADs before the due date of the first Personal PDA; and
 - iii. Fixed amount and variable amount of every Paper and/or Electronic Personal PADs occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.
7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.
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 Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
9. I understand that I have certain recourse/reimbursement rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. I understand that I may obtain more information on my recourse/ reimbursement rights by contacting my financial institution or visit the CPA website at www.cdnpay.ca
10. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature confirms to the requirements of Rule H1.
11. I agree that a payment service provider will administer the PAD. Silver Lake Wesleyan Camp will be administering the PDA
12. I understand and agree to the foregoing terms and conditions.
13. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

Name of Account Holder(s)	Signature(s)	Date
_____	_____	_____
_____	_____	_____