

**PAYOR'S AUTHORIZATION FOR
PRE-AUTHORIZED DEBITS FOR PERSONAL/HOUSEHOLD PURPOSES**

1. Payor's Name and address - Please print

We warrant and represent that the following information is accurate.

Mr. Mrs. Ms. Miss	Surname	First Name
Street		
Town	Postal Code	Telephone Number

Name of Payor's Financial Institution (the "Processing Institution")		
Street		
Town	Postal Code	Telephone Number

I/We have attached a specimen cheque marked "**VOID**" to this payor authorization (the "Authorization").

I/We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

2. Payee's Name and Address - Please print

Name of Payee (the "Payee") Heritage Park Alliance Church		
Street 2501 Sixth Concession		
Town Windsor	Postal Code N9H 0B5	Telephone Number (519) 969-3162

3. I/We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.
4. I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the Authorization below.
5. I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the account, for the following purpose:

Offerings and Tithes (Charitable Contributions)

6. I/We may cancel the authorization at any time upon providing written notice to the Payee.
7. I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.
8. 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 Authorization including, but not limited to, the amount, or that any purpose of payments 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 Account.
9. I/We agree that the information contained in the Authorization may be disclosed to Royal Bank of Canada as required to complete any PAD transaction.
10. I/We understand and accept the terms of participating in this PAD plan.

X _____

X _____