

**Peoples Church of Sarnia-Lambton**  
**Direct Debit Program (DDP) Authorization Form**  
**Agreement between Peoples Church of Sarnia-Lambton and**  
**Donor(s) (referred to as I/We/my/our) and their financial Institutions**

1. I/We acknowledge that this authorization is provided for the benefit of **Peoples Church of Sarnia-Lambton** and my/our financial institution and is provided in consideration of my/our financial institution agreeing to process debits against my/our account in accordance with the rules of the *Canadian Payments Association*.
2. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.
3. I/We hereby authorize **Peoples Church of Sarnia-Lambton** to draw on my/our account with my/our financial institution as indicated on the reverse of this authorization **for the purpose of donations to the charity**. This is a Personal **DDP** or **Business DDP** Agreement (please circle one).
4. This agreement may be cancelled at any time by providing **Peoples Church of Sarnia-Lambton** notice in writing 30 days prior to the next DDP being issued. (For more information on your rights to cancel a DDP, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca))
5. I/We acknowledge that providing and delivering this Authorization to **Peoples Church of Sarnia-Lambton** constitutes delivery by me/us to my/our financial institution.
6. **Peoples Church of Sarnia-Lambton** is required to send written notice of the amount to be debited and the due date at least 10 calendar days prior to the due date of the **first** DDP, and every time there is a change in the amount or payment dates.

Pre-notification may be given to me/us in **writing** or by **e-mail** **OR I/we hereby waive pre-notification**.

(Sign here \_\_\_\_\_ to waive pre-notification).

7. This Payor's DDP 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 exist between me/us and **Peoples Church of Sarnia-Lambton**.
8. **I/We have certain recourse rights**. I/We may dispute this DDP under any of the following conditions:
  - ! The pre-authorization debit was not drawn in accordance with this Payor's DDP Agreement;
  - ! **or** this Payor's DDP Agreement was revoked;
  - ! **or** Pre-notification was not received, if required by this DDP Agreement.

In order to be reimbursed, I/we acknowledge that a declaration to the effect that any of the conditions in Section 8 took place, must be presented to my/our financial institution's branch up to and including 90 calendar days in the case of a **Personal DDP**, or up to and including 10 calendar days in the case of a **Business DDP**, after the date on which the DDP 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 **Peoples Church of Sarnia-Lambton**. **To obtain more information, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)**.

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9. I/We consent to the disclosure of any personal information contained in this document necessary for the proper processing of this Payor's DDP Agreement to Libro Credit Union Limited.

**I/We authorize Peoples Church of Sarnia-Lambton to process a debit in the amount of \$\_\_\_\_\_ on the Third and the amount of \$\_\_\_\_\_ on the Eighteenth of each month beginning on \_\_\_\_\_.**

(If you wish to give monthly, fill in only one amount on the date you want the debit to occur, if twice a month, fill in the amount you wish to give in both places). The amount(s) above will go to the General Fund. If you wish to designate to other funds, please write your amounts at the bottom of Page 2.



To authorize **Peoples Church of Sarnia-Lambton** to receive payments debited from your account, complete all sections and attach your voided cheque. If you do not have cheques, request that your financial institution staff complete, stamp and sign in the boxes on the bottom of this page. **Your signature(s) are required below.**

Donor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYEE: Peoples Church of Sarnia-Lambton**

3888 London Line, PO Box 520, Wyoming, ON N0N 1T0 Phone: 519-845-3386

**PEOPLES CHURCH OF SARNIA-LAMBTON DONOR INFORMATION (Please Print):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Peoples Envelope #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**DONORS FINANCIAL INSTITUTION (F.I.) ACCOUNT INFORMATION:**

Name of F.I.: \_\_\_\_\_

Branch Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

A specimen cheque for this account has been marked VOID and attached to this authorization. If a cheque is not available, the account that **Peoples Church of Sarnia-Lambton** is authorized to draw upon is indicated below.

\_\_\_\_\_

Financial Institution Use Only, Please	
<b>Account Number at F.I.:</b>  _____	
<b>Institution # &amp; Branch #:</b> (Route) (Transit)  _____	

F.I. Branch to Stamp & Sign as Verification	
<b>F.I. Staff Signature</b>	<b>Date</b>

General: \_\_\_\_\_

Building: \_\_\_\_\_

Upgrade: \_\_\_\_\_

