



CAM INTERNATIONAL OF CANADA

PRE-AUTHORIZED PAYMENT PLAN

Enrollment Request

Personal Information

Name _____

Address _____

City _____

Province _____ Postal Code _____

Telephone _____

E-mail _____

Banking Information

Account Type: ☐ Chequing ☐ Savings

Name and Branch of Financial Institution _____

Branch Address _____

Branch Transit Number _____

Account Number _____

Terms and Conditions

1. This authorization may be cancelled at any time upon notice by me/us. I/We acknowledge that, in order to revoke this authorization, I/We must provide notice of revocation to CAM International of Canada.
2. "I/We acknowledge that provision and delivery of this authorization to CAM International of Canada constitutes delivery by that bank/financial institution. Any delivery of this authorization to you constitutes delivery by me/us."
3. "I/We acknowledge that this authorization is provided for the benefit of CAM International of Canada and any such bank/financial institution is provided in consideration of bank/financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association".
4. CAM International of Canada will provide, for fixed amount PADs, written notice of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of the first PAD, and such notice shall be received every time there is a change in the amount or payment date(s); or, with respect to variable amount PADs, 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 PAD.
5. "I/We undertake to inform CAM International of Canada, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD".
6. "I/We acknowledge that bank/financial institution is not required to verify that a PAD has been issued in accordance with the particulars of my/our authorization including, but not limited to, the amount.
7. "I/We acknowledge that bank/financial institution is not required to verify that any purpose of payment for which the PAD is issued has been fulfilled by CAM International of Canada as a condition to honouring a PAD issued or caused to be issued by CAM International of Canada on my/our account".

8. Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and CAM International of Canada. My/our authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged".

9. "A PAD may be disputed by me/us under the following conditions:
- (i) the PAD was not drawn in accordance with my/our authorization; or
 - (ii) the authorization was revoked; or
 - (iii) pre-notification was not received.

I/We, in order to be reimbursed, acknowledge that a declaration must be completed and presented to the bank/financial institution holding my/our account up to and including 90 calendar days in the case of a personal household PAD [or up to and including ten (10) business days in the case of a business PAD], after the date on which the PAD in dispute was posted to my/our account.

I/We acknowledge that a claim on the basis that my/our authorization was revoked, or any other reason, is a matter to be resolved solely between CAM International of Canada and me/us when disputing any PAD after (90 calendar days in the case of a personal/household PAD or 10 business days in the case of a business PAD)".

CAM INTERNATIONAL OF CANADA

Please choose from the following payment frequencies:

- ☐ weekly ☐ every 2 weeks ☐ monthly
☐ twice a month ☐ every 2 months ☐ quarterly
☐ semiannually ☐ annually

Please transfer my gift on the ☐ 3rd and/or the
☐ 18th of the month (check the appropriate boxes).

Beginning payment _____

Final payment _____

Comments _____

If you have any questions, please call or write

P. O. BOX 71034 MAPLEHURST POSTAL OUTLET
BURLINGTON, ON L7T 4J8 (905) 689-2473
camintlcanada@aol.com www.caminternational.org

**Be sure to include a bank cheque marked "VOID"
or send your first gift by cheque.**

I/We hereby authorize CAM International of Canada
and the financial institution indicated previously to
release funds for payment of donations in the amount
of \$_____ under the terms and conditions of this
request and as indicated above, to be distributed as
follows:

Missionary/Project	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE