

CLEARVIEW LODGE GUEST MEALS / MEALS ON WHEELS
PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR PERSONAL PURPOSES

1. I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H1 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the following purpose of: **Total for Guest Meals taken at the Lodge or delivered via Meals on Wheels**
2. **The Payee may issue a PAD once a month on the first business day of the month in a dollar amount up to a maximum of \$ 243.00.**
3. Payor's Name & Address _____
I/We warrant and represent that the following information is accurate.
4. Meal Recipient's Name _____

(Name on Bank Account)

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

(Bank Account Information)

Name of Payor's Financial Institution (the "Processing Institution")		
Street		
Town	Postal Code	Phone Number
Bank #	Branch # :	Acct 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 Authorization ten (10) days prior to the next due date of the PAD.

4. 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.
5. The Payee has/will provide to me/us, at the address provided below:
 - With respect to variable amount PAD's, this is my 10 calendar day written notice before the payment date of the first PAD of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to my/our Account (the "Payment Date")**
 - In respect to a variable amount PAD where the difference is the direct result of the amount of meals ordered by the client from the 3rd last business day of one month up to the 3rd last business day of the next month the pre-notification period is hereby waived**

X _____
(Payor or Authorized Signature)



Provides individuals, families and seniors with affordable and caring accommodation.

- Enter address below where receipt is to be sent & circle the required interval: monthly or yearly?

6. Payee's Name and Address

Name of Payee (the "Payee")		Taber & District Housing Foundation	
		5318 – 48 th Avenue	Town: Taber
Province: Alberta	Postal Code: T1G 1S2	Telephone #: (403)223-2767 ext 8	

- I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.
- 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.
- 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 payment 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.
- I/We may cancel the Authorization at any time upon providing written notice to the Payee 10 calendar days before the date of the next PAD. A sample cancellation form or further information on my/our right to cancel a PAD Agreement may be obtained at my/our financial institution or by visiting www.cdnpay.ca.
- Revocation of the Authorization does not terminate any contract for goods or services that exists between me/us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.
- I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/We may contact my/our financial institution or visit www.cdnpay.ca.
- 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.
- I/We understand and accept the terms of participating in this PAD plan effective: _____.

X _____
(Authorized Signature)

(Authorized Signature)

X _____
(Print Authorized Name)

(Print Authorized Name)

Copy of Agreement received by: **X** _____ Date: _____

***If this account is decided by a power of attorney, please attach a copy of the power of attorney*