

Enrolment / Authorization Form

Name of Organization: **Bangladesh Canada Hindu Mandir**
(Charity Registration # 861452431RR0001, since January 24, 2005)

Pre-Authorized Payment Authorization

Name(s) (Payer): _____
(Please print your name) (Last) (First) (Middle)

Address: _____
(Street) (Apt. / Unit)

Postal Code: _____ City: _____ Province: _____

Phone: (____) _____ Email: _____

I (We) authorized "**Bangladesh Canada Hindu Mandir**" to process a debit, in paper, electronic or other form in the amount of the **DONATION** on my (our) account on the 1st of each month beginning _____ as detailed to me (us) on a statement mailed to me (us) from time to time.

The maximum donation amount is \$ _____ (_____) only per month/year.

I (We) acknowledge that I (we) have read and understand all the provisions contained in the terms and conditions of the pre-authorized payment and that I (we) have received a copy.

Signature _____ Date: _____

Print Name: _____

Signature _____ Date: _____

Print Name: _____

I (We) hereby authorized "**Bangladesh Canada Hindu Mandir**" (Payee) to draw on _____
_____ (payer) with the processing Bank & account Number
_____ (Name of Bank) _____ (account #)

Please Attached a Void Cheque Here

TERMS AND CONDITIONS

I (We) acknowledge that this Authorization is provided for the benefit of the Payee and Processing Institution and is provided in consideration of the Processing Institution agreement to process debits against my account in accordance with the Rules of the Canadian Payments Association.

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

Payor may cancel this authorization at any time upon notice. I (We) acknowledge that in order to revoke this authorization, I (We) must provide notice of revocation to Payee.

I (We) acknowledge that provisions and delivery of this authorization to Payee constitutes delivery by payor.

I (We) undertake to inform Payee, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.

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 Payor's Authorization including, but not limited to, the amount.

I (We) acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Payee as a condition to honouring a PAD issued or caused to be issued by Payee on Payor account.

Revocation of this authorization does not terminate any contract for goods and services that exists between Payor and Payee. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged.

A Payor under the following conditions may dispute a PAD:

1. The PAD was not drawn in accordance with the Payor's Authorization; or
2. The authorization was revoked; or
3. Pre-notification was not received.

The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2), or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal household PAD (or up to and including 10 business days in the case of a business PAD), after the date on which the PD in dispute was posted to the Payor's account.

The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor 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).