



**LCC Worker
Benefit Services Inc.**
Caring for those who serve

PRE-AUTHORIZED PAYMENT AUTHORIZATION

Post-Retirement Benefits Plan - Retiree Premium

Payer Name(s) _____

Address _____

City & Province _____

Phone Number _____

I (we) authorize Lutheran Church – Canada Worker Benefit Plans to process a debit, in paper, electronic or other form in the variable amount of “\$_____” with variable amount \$_____ being stated in a letter annually and debited to my (our) account on the **15th day of each month** beginning _____.

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

Signature of Payer(s) _____

Date _____

Date _____

I have included a copy of a void cheque a form from the bank with the necessary information

Please retain a copy and return the original form to:

Mail: Lutheran Church –Canada
Att: Accounting
3074 Portage Avenue
Winnipeg, MB R3K 0Y2

Email: accounting@lutheranchurch.ca
Fax: 204.897.4319

PRE-AUTHORIZED PAYMENT AUTHORIZATION – 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 (Processing Institution) agreeing 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.

I(We) hereby authorize (Name of Payee) to draw on (Name of Payor) account number _____ with (Processing Institution), for the following purpose _____.

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

I(We) acknowledge that provision and delivery of this authorization to (Name of Payee) constitutes delivery by (Name of Payor) to (Processing Institution). Any delivery of this authorization to you constitutes delivery by (Name of Payor).

The Payor and Payee agree to waive the pre-notification requirement set out in Section 11 of Appendix II of rule H1 of the Canadian Payments Association.

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

The account that (Name of Payee) is authorized to draw upon is indicated in the accompanying authorization. A specimen cheque for this account has been marked "VOID" and attached hereto.

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

Revocation of this authorization does not terminate any contract for goods or services that exists between (Name of Payor) and (Name of 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 PAD may be disputed by a Payor under the following conditions:

- (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 PAD 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).

DEFINITIONS

Business PAD: Means a PAD (Pre-Authorized debit in paper, electronic or other form) drawn on the account of a Payor such as, but not limited to, a corporation, an organization, a trade, an association, a government entity, a profession, a venture or an enterprise, for the payment of goods and services related to commercial activities of the Payor.

Personal/Household PAD: Means a PAD drawn on the account of a Payor for payments such as, but not limited, to charitable donations, RESP and Spousal RRSP contributions, mortgage installments, utility bills, insurance premiums, membership fees, property taxes, credit card billings and payment for other consumer goods and services.