

AUTHORIZATION TO DEBIT AN ACCOUNT UNDER THE PRE-AUTHORIZED OFFERING PLAN

The undersigned authorizes **Redeemer Alliance Church** (hereinafter called the "Payee) to issue on his/her behalf any cheque, payment order or request drawn on the financial institution named below to the order of the Payee, in payment of the amounts owing to the Payee under the terms of the present agreement and future contracts between the Payee and the undersigned.

Institution Name: _____

Branch Address: _____

City: _____

Transit: _____ Institution: _____ Account Number: _____

The above-named institution is hereby authorized to debit the account described above payable to the Payee and drawn on said account by a bank acting in the name of the Payee. The amount authorized by this transaction is as follows:

FUND	Amount	FUND	Amount
Redeemer Alliance Ministries (General)	_____	New Ventures (CMA Domestic)	_____
Mission Project Fund	_____	Global Advance (CMA International)	_____
Building Fund	_____	Memorial Fund	_____
Scholarship Fund	_____		
TOTAL		_____	

FREQUENCY OF WITHDRAWAL Monthly ___ (1st) Every Two Weeks ___ (Thur or Fri) Start Date _____

Any request thus drawn by the Payee's bank shall be considered as having been signed by the undersigned. For the purposes of this authorization, the word "cheque" shall be deemed to include any payment order drawn on an institution other than a bank. Furthermore if this authorization is signed by more than one person, the singular shall be interpreted as a plural wherever it occurs. This authorization can be revoked at any time by written notification to the Payee at the address below, subject to providing notice 15 days prior to the draw date. To obtain a sample cancellation form, or for more information on your right to cancel a PAOP agreement, contact your financial institution or visit www.payments.ca. You have certain recourse rights if any debit does not follow this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAOP Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.

Payee's Information

Name: _____ **Address:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

Please attach a sample of a cheque marked "VOID" from the above-mentioned institution. If the account requires two signatures, then the present authorization should be signed by the same two officers.

REDEEMER ALLIANCE CHURCH
4825 Innes Road,
Orleans, ON
K4A 4J3
613-837-9953
bookkeeper@redeemeralliance.ca