



Pre-Authorized Giving Agreement

I _____, authorize Resurrection Christian Academy to debit my account on the 1st of every month in the amount of \$ _____ starting on the 1st of _____.
(Month & Year)

Donor Name: _____

Address: _____

Email: _____ Tel: _____

Signature: _____ Date: _____

- I may change the amount of my contribution at any time subject to providing 15 days notice.
- I may revoke my authorization at any time subject to providing 15 days notice, at which time I will submit a cancellation form obtained from the RCA office or by contacting my financial institution or visiting www.cdnpay.ca.
- I have the right to be reimbursed for any charge that is not authorized or is not consistent with this authorization. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca
- I hereby waive my right to pre-notification of transactions covered by and/or consistent with this agreement.

Please attach a VOID cheque and submit to the RCA school office along with this completed form.

Name of RCA Contact: Sue Warren, Director Phone: 519-836-5395

We agree to be bound by, comply with, respect and apply all relevant provisions of the Canadian Payments Act and all related by-laws, rules and standards in force from time to time as they apply to PAGs including, without limitation, the confirmation/pre-notification requirements or waiver of pre-notification requirements and cancellation requirements as set out in Rule H1.

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation, including but not limited to the Personal Information Protection and Electronic Documents Act and the RCA privacy policy.