



DIRECT PAYMENT SERVICE

ENROLLMENT AUTHORIZATION CARD

Please fill in and return this card to The Gathering with a personal cheque unsigned and marked VOID (for verification purposes).

I/WE

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

AUHorize The Gathering, 111 Colonnade Rd. Suite 207 Ottawa ON, K2E 7M3 TO DEBIT MY ACCOUNT

ACCOUNT NUMBER: _____

Held at: _____

Name of Financial Institution

Branch Address

Transit Number

For the purpose of supporting the work of the ministry at and through 'The Gathering'. IN THE FIXED AMOUNT OF \$ _____

Payable monthly, beginning on: _____ (date).

I/WE have read and understood the terms of this authorization and acknowledge receipt of a copy thereof (see other side of this form).



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I/WE will notify The Gathering in writing of any changes in the account information or termination of this authorization at least sixty (60) days prior to the next payment date.

I/WE understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with The Gathering.

MY/OUR financial institution will treat each debit as if I/WE had personally issued a written direction authorizing The Gathering to debit the amount(s) specified to MY/OUR account and need not verify that payments are drawn in accordance with this authorization.

I/WE understand that any debits charged to MY/OUR account will be reimbursed if:

- (a) this debit was not drawn in accordance with this authorization;
- (b) this authorization has been terminated; or
- (c) the debit was posted to the wrong account due to invalid/incorrect account information supplied by The Gathering, by giving notice in writing to my/our branch of account within ninety(90) days of the debit of my/our account.

I/WE acknowledge that delivery of this authorization to the Company constitutes delivery to my financial institution.