



Rotary Club of Windsor Foundation Fund
7911 Forest Glade Drive
Windsor, Ontario, N8T 3P5

PAR Application Form

From _____
Rotarian _____ (Payor)

I hereby request and authorize the Rotary Club of Windsor Foundation Fund (Payee) to draw from my bank account the fixed amount of \$_____ on the 15th of each month to be put to use as outlined below. I attach a blank cheque marked void for the Account from which this money is to be deducted monthly.

ATTACH VOID CHEQUE HERE

This Pre-authorized Remittance Plan has been provided to the Rotary Club of Windsor Foundation Fund (the payee) by the Bank of Montreal. Please complete this application as required by the Foundation Fund and the Bank of Montreal as follows on page 2.

The payments are fixed at the amount indicated above and occur monthly on the 15th of the month. The payment amount can be varied at any time by written notice to the Fund Treasurer at the address above or by email to lex@mccsteel.com.

For the monthly fixed amount above, please indicate how you wish it to be spent:

- To the Rotary Club of Windsor Foundation Fund to be spent as determined by the directors of "My Fund" for the Club's approved projects\$ _____
- To Rotary International "Our Fund" to support my Paul Harris work\$ _____
- To the Children's Safety Village\$ _____
- TOTAL (equal to the fixed amount at the top of the page)\$ _____**

Please complete the 2 pages of this application form and either hand it to Brenda at a Rotary meeting or deliver / mail it to the address above. Thank-you for joining PAR!

PAYORS PAD AGREEMENT

Personal Pre-Authorized Debit Plan Terms and Conditions

1. In this agreement, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes and I authorize the Payee indicated on page 1 hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on page 1 hereof (the "Account") at the financial institution indicated on the attached void cheque (the "Financial Institution") and I authorize the Financial Institution to honour and pay such debits. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee. This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminated or otherwise have any bearing on any contract that exists between me and the Payee.
4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial Institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. I agree that Payor is to make the first deduction from my Account on the first 15th of the month following the date I sign this Agreement.
7. I may dispute a Personal PAD by providing a signed declaration to my Financial Institution under the following conditions:
 - (a) the Personal PAD was not drawn in accordance with this Agreement; or
 - (b) this Agreement was revoked or cancelled.

I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Personal PAD, I must sign a declaration to the effect that either (a) or (b) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Personal PAD was posted to my Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Personal PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed Personal PAD.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
9. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of Rule H1.
10. I understand and agree to the foregoing terms and conditions.
11. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

Please print name of Rotarian Account Holder

Signature

Date

Please print name of any other Account Holder(s)
required to sign on this account

Signature

Date