



Automatic Tithe and Offering Request

Thank you for your interest in giving to the ministries of Hillcrest Church by way of a regular automatic payment from your bank account.

Please find enclosed a form that must be completed and signed, to set this process in motion. **We would ask that you attach a voided cheque to the form.**

(If needed a void cheque can be downloaded from your online banking. Please contact your bank if you are unable to access this.)

- Twice a month (on the 15th and 30th of each month) or**
- Once a month (on *either* the 15th OR 30th of each month).**

Please use the form to indicate how you wish your gift to be allocated. The allocation you determine will be the amount transferred from your account EACH time a gift is given.

It is important that you read the standard conditions set out on the form as it is a legal contract. We will continue to receive contributions from your account, until you let us know otherwise!

Please request any changes by emailing **finance@hillcrestchurch.net**

Your gifts are tax receiptable at the end of each year. Thank you.

This Automatic Tithe and Offering Request can be handed to our office or simply dropped in the slot at our Interac Machines in the foyer.

Please allow two weeks for set up.

Thank you for your support of the vision and ministries of Hillcrest Church!

If you have any questions at any time about your contributions, please feel free to reach out to us!

HILLCREST CHURCH
Monthly Automatic Tithes & Offering Authorization

Payee:
Hillcrest Church
3785-13th Ave SE
Medicine Hat, AB T1B 1J2
(403)526-4010

Payor:

Name

Address

City and Province

Postal Code

Please attach a VOID cheque or statement from your bank with your account information.

1. The undersigned (the Payor) jointly and severally if more than one, agrees with the Payee, The Processing Institution and ATB as follows (check one)

_____ I wish my Tithes and Offerings to be withdrawn from my account twice a month, on the 15th and 30th, in the amount indicated below.

OR

_____ I wish my Tithes and Offerings to be withdrawn from my account once a month, on either the 15th_____ or the 30th_____ (check one) in the amount indicated below.

My giving should be allocated as follows:

Primary Fund	_____
Capital Fund	_____
Mission Fund	_____
Community Care (Benevolence) Fund	_____
Total Per Withdrawal	_____

These withdrawals should begin on _____ (date) and continue until I request Hillcrest Church to terminate this agreement.

2. The Payor represents, acknowledges and agrees that:
- (a) Execution and delivery of the Authorization to the Payee constitutes delivery by the Payor to the Processing Institution.
 - (b) The debits herein authorized are personal\household related.
 - (c) The Processing Institution is not required to verify that the debits herein authorized have been issued in accordance with the particulars of this Authorization, including the amount and frequency of payments. The Processing Institution is not required to verify that any purpose of payment for which the debit was issued has been fulfilled the Payee as a condition to honoring a debit issued or caused to be issued by the Payee on the Account.
 - (d) All persons whose signatures are required to sign on the Account have signed this Authorization.

3. **This Authorization may be cancelled by the Payor at any time, by notice in writing signed by the Payor** and delivered to the Payee at its above address but revocation of this Authorization shall not terminate any contract for goods and services that exist between the Payer and Payee.
4. The Payor undertakes to inform the Payee, in writing, of any change in the Account information provided in this Authorization prior to the next due date of an authorized debit.
5. (a) The Payor may dispute a debit under the following conditions:
- (i) the debit was not drawn in accordance with this Authorization; or
 - (ii) the Payor had revoked this Authorization prior to issue of the debit; or
 - (iii) the Payor did not receive pre-notification as set out in clause 1. and clause 6. of this Authorization.

In order to be reimbursed, the Payor must file a declaration to the effect that either (i), (ii) or (iii) occurred and present such declaration to the Processing Institution up to and including 90 calendar days in the case of a personal\household related debit, or up to and including 10 business days in the case of a business-related debit, after the debit in dispute was posted to the Account.

Any debit disputed after 90 calendar days in the case of a personal\household related debit or after 10 business days in the case of a business-related debit will not be reimbursed by the Processing Institution but shall be resolved sole between the Payor and the Payee.

(b) The Payor may dispute a debit under the following condition:

- (i) an authorization in respect of the debit was never provided to the Payee

In order to be reimbursed, the Payor must file a declaration to the effect that (i) occurred, and present such declaration up to and including 90 calendar days in the case of a business-related debit, after the "period ending" date of the Statement of Account that shows the debit in dispute.

Any debit disputed after 90 calendar days in the case of a personal/household related debit or after 30 calendar days in the case of a business-related debit will not be reimbursed by the Processing Institution but shall be resolved solely between the Payor and Payee.

To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.

6. In the event that there are Not Sufficient Funds in the account of the Payor at the time the payment is made, The Payor agrees to reimburse any charges incurred by the Payee's financial institution.
7. The Payor acknowledges receipt of a copy of this Authorization and agrees that the copy of this Authorization serves as pre-notification of the first payment for which this Authorization is given.

DATED at Medicine Hat, Alberta this _____ day of _____, 20_____.

Signature of Account Holder

Signature of Account Holder