



BISHOP OF VICTORIA ACCOUNTS

Definitions

In this Agreement:
"I", "We", "Our", "My", "Me", "Payor" refers to the person signing
this Agreement;

Pre-Authorized Debit ("PAD"): means a pre-authorized debit payment time
in electronic form drawn pursuant to this agreement on my account
at my Financial Institution ("FI").

Operation

I understand and undertake that:
(a) this authorization is for the benefit of BISHOP OF VICTORIA ("the Company")
And my financial institution ("FI") where I have my account. My FI agrees
to process debits against my account in accordance with the rules of the
Canadian Payment Association ("CPA");

(b) giving this authorization to the Company is the same as giving
it to my FI;

(c) my FI is not required to verify that the PAD conforms with my
authorization;

(d) my FI is not required to verify that the purpose of payment
to which this PAD relates has been fulfilled;

(e) revoking this authorization does not terminate any contract between me
and the Company. My authorization applies only to the method of payment
and has no bearing otherwise on the contract;

Pre-Notification

The Company and I agree to hereby waive all notification requirements from the
Company for variable amount PADs.

Cancellation

I/We may revoke my/our authorization at any time, subject to providing notice of
at least 10 days prior to next debit due date. I/We must advise the Company in writing
or by signing the cancellation area below. To obtain a sample cancellation form, or
for more information on my right to cancel a PAD Agreement, I/We may contact my FI
or visit www.cdnpay.ca.

I authorize the processing of a PAD through my account as detailed below:

Payor Name(s): _____

Name of FI: _____

Address of FI: _____ Phone: _____

MICR Field Information (attach a void cheque if possible):

Branch# table with 5 columns

Bank# table with 3 columns

Account# table with 10 columns

Frequency: [] One-Time [] Monthly [] Semi-Monthly [] Weekly [] Bi-Weekly [] Other (Specify) _____

Amount: [] Fixed \$ _____ [] Variable \$ _____ This is a: Personal [] Business []

This PAD is for: [X] Transfer to account#: _____

I understand and agree to the terms and conditions of this Agreement.

Date _____ Signature _____

PAD AGREEMENT

The Account

I confirm that:

(a) all persons required to sign on my account with my
FI have signed this agreement;

(b) I certify that all of the personal and account information recorded in this
Agreement is correct. I will inform the Company in writing of any change to such
Information at least 10 business days prior to the next due date of the PAD.

Dispute and Reimbursement

I/We have certain recourse rights if any debit does not comply with this
agreement. For example, I/We have the right to receive reimbursement for any
debit that is not authorized or is not consistent with this PAD Agreement. To
obtain more information on my/our recourse rights, I/we may contact my/our
FI or visit www.cdnpay.ca.

I understand that:

(a) I may dispute a PAD and may claim for reimbursement if:
(i) the PAD was not drawn in accordance with this Agreement; or
(ii) the Agreement was revoked; or
(iii) no Agreement exists between me and the purported payee.

(b) if I am claiming reimbursement, I must, within 90 calendar days of the date
of posting of a personal PAD or Funds Transfer PAD or 10 business days
in the case of a Business PAD, complete a declaration to my FI that I
have a claim for one of the reasons given in the preceding paragraph;

(c) in the case where the declared condition is "no Agreement exists between
me and the purported Payee", I may claim reimbursement within 90
calendar days after the posting date on my account statement which shows the
improperly processed debit;

(d) any claim relating to a PAD which is advanced after the expiry of the time
in the preceding paragraph or any Funds Transfer PADs is strictly a matter
between me and the Company.

Authorization to cancel PAD

Signature _____

Date _____

Company Name

Address: _____

Tel: _____

Fax: _____

Email: _____