

Pre-Authorized Debit Agreement

Customer Name: _____

I/we acknowledge that this authorization is provided for the benefit of Alberta Treasury Branches ("ATB") and the bank or other financial institution listed below and is provided in consideration of such bank or financial institution (FI) agreeing to process debits against my/our account in accordance with the rules of the Canadian Payments Association.

The debits authorized hereunder are for personal business purposes.

I/we hereby authorize ATB to draw on the following account ("**Account**") of the undersigned at the other FI:

Cheque marked "VOID" attached

Name of FI: _____

Address: _____

City Town: _____ Province: _____ Postal Code: _____

Account Number: _____ Transit Number: _____

Institution Number: _____

for the purpose of making regular recurring payments and/or one-time payments from time to time and any other payments owing to ATB arising under or in connection with my/our account with ATB specified below ("**ATB Account**").

Debits are in respect of the following ATB Account: Canadian Lutheran Bible
Institute

For Regular Recurring Debits:

Debit amount: _____

Date of recurring debit: _____

First debit commencing: _____

Debit frequency: _____

Debit particulars: _____

I/we acknowledge that the debit amount noted above may be adjusted by ATB to reflect, among other things, a change in any applicable interest rate, any agreement or arrangement between ATB and me/us for a revised payment amount or any direction I/we provide to ATB (such as, but not limited to a telephone instruction) requesting ATB to issue a debit in a different amount in respect of the ATB Account (for example, a full or partial payment). For debits other than regular recurring debits, (for example, one-time or sporadic debits), I understand that ATB will obtain my/our authorization prior to initiating any such debit.

I/we agree to waive the Canadian Payments Association Pre-Notification requirements in respect of all debits drawn under this authorization.

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I/we further agree that if any payment is dishonoured by the above-noted FI for any reason, then ATB shall be entitled to issue another debit in substitution for the dishonoured debit. ATB shall be under no liability whatsoever caused by a dishonoured debit.

I/we warrant and guarantee that all persons whose signatures are required to sign on the above-noted Account have signed this authorization below, that all information with respect to the Account is accurate and I/we agree to inform ATB in writing, of any change in the above-noted Account information forthwith and, in any event, at least 10 business days prior to the next due date of a debit.

The FI's treatment of each debit shall be the same as if I/we had issued a cheque authorizing the FI to pay as indicated and to debit the amount specified to my/our Account. I/we confirm that this means, in part, that my/our FI is not required to verify that a pre-authorized debit has been issued in accordance with my/our instructions or that some pre-condition to payment has been met or satisfied.

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

This authorization may be cancelled at any time by written notice by the undersigned to ATB which notice shall be effective 10 days after receipt. To obtain a sample cancellation form, or for more information on the right to cancel this authorization, I/we understand that I/we may contact my/our FI or visit www.cdnpay.ca. This authorization applies only to the method of payment and I/we agree that revocation of this authorization does not terminate or otherwise have any bearing on my/our ATB Account.

ATB may assign this authorization, whether directly or indirectly, by operation of law, change of control, or otherwise, by providing at least 10 days prior written notice to me/us.

All persons whose signatures are required to sign on the account have signed this authorization.

When complete, please provide this form to:

ATB Financial

Address 700, 7300 48 Ave

City, Postal Code Camrose , T4V 4W2

Telephone Number 780 - 679 - 5281

Fax Number 780 - 672 - 5444

I/we understand the I/we can contact ATB at the above address to make any inquiries, obtain information or seek any recourse rights.

I/we understand and agree to the foregoing terms and conditions, and in particular, I/we agree to waive pre-notification with respect to all debits drawn under this authorization.

Date: / /
DD/MM/YYYY

Signing Authority

Signing Authority

ATB Financial™