



St. Gabriel's Catholic Church

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(780) 675 – 2411

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11. **I / We may dispute a PAD only under the following conditions:**

- a) the PAD was not drawn in accordance with the Authorization.
- b) the Authorization was revoked.

I / We acknowledge that when disputing any PAD beyond the time allowed in this section it is a matter to be resolved solely between me / us and the Payee, outside the payments system.

12. I / We agree that the **CONFIDENTIAL** information contained in the Authorization may be disclosed **ONLY** to ATB Financial as required to complete any PAD transaction.

13. **I / We understand and accept the terms of participating in this PAD plan.**

Authorizing Signature(s) (Please sign in spaces provided)

Name:	Date:
Name:	Date: