

THE PRE-AUTHORIZED DONATION PROGRAM ~ FROM BANK ACCOUNT

THE ROMAN CATHOLIC EPISCOPAL CORPORATION FOR THE DIOCESE OF SAULT STE. MARIE IN ONTARIO. CANADA.

PAYOR'S PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

1. **Payee Information**

Parish: PRO-CATHEDRAL OF THE ASSUMPTION Street: 480 MCINTYRE STREET WEST
City: NORTH BAY, ON Postal Code: P1B 2Z4 Telephone: 705-472-3970

2. **Payor Information** (Please Print Clearly)

Surname: _____ First Name: _____
Street: _____ Apt.: _____
City: _____ Postal Code: _____ Tel: _____
Email: _____

3. **Please debit my bank account: (attach VOID cheque)**

Sunday Collection

A **weekly** PAD of \$ _____ Withdrawal done every Monday
A **monthly** PAD of \$ _____ on the _____ day of the month

Parish Building Fund

A **weekly** PAD of \$ _____ Withdrawal done every Monday
A **monthly** PAD of \$ _____ on the _____ day of the month
A **yearly** PAD of \$ _____ Withdrawal done on the first Monday in
December (no exception)

Please indicate the donation amounts (once a year donation):

Special Collections

For the Feasts of

Native Sector	\$ _____	New Year's Day	\$ _____
Share Lent – Dev. & Peace	\$ _____	Easter	\$ _____
Needs of the Church in Holy Land	\$ _____	Christmas	\$ _____
Ministry Formation	\$ _____		
The Pope's Pastoral Works	\$ _____		
Needs of the Church in Canada	\$ _____		
World Mission Sunday	\$ _____		
The Bishop's Annual Appeal	\$ _____	(Acting Charitably Together ACT)	

The pre-authorized debit indicated in this agreement is a personal donation to a parish of the Roman Catholic Episcopal Corporation For The Diocese of Sault Ste. Marie, in Ontario. Canada named above.

I/We may revoke my/our authorization at any time, subject to providing written notification at least ten (10) business days before the next debit is schedule to the payee. Please contact the payee for a cancellation form. To obtain more information on my rights to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

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

This agreement will supersede any previous PAD agreement, making any and all previously fill agreement nil and void.

Signature

Date

CANCELLATION NOTICE

I/We, _____(payor name), cancel my/our authorization to issue a personal pre-authorized debit as a donation to the above named parish effective on _____(date).

I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

Signature

Date