

# THE PRE-AUTHORIZED DONATION PROGRAM - FROM BANK ACCOUNT

## OTHE 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** donation of \$ \_\_\_\_\_ Withdrawal done every Monday  
A **monthly** donation of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of the month

**Parish BUILDING Fund**

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

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

**Special Collections**

Native Sector (16 January) \$ \_\_\_\_\_  
Share Lent – Dev. & Peace (03 April) \$ \_\_\_\_\_  
Needs of the Church in Holy Land (15 April) \$ \_\_\_\_\_  
Ministry Formation (08 May) \$ \_\_\_\_\_  
The Pope's Pastoral Works (22 May) \$ \_\_\_\_\_  
Needs of the Church in Canada (25 September) \$ \_\_\_\_\_  
World Mission Sunday (23 October) \$ \_\_\_\_\_  
Canadian Missions Initiative (27 November) \$ \_\_\_\_\_

**For the Feasts of**

**New Year's Day (01 January)** \$ \_\_\_\_\_  
**Easter (17 April)** \$ \_\_\_\_\_  
**Christmas (25 December)** \$ \_\_\_\_\_

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 scheduled 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](http://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](http://www.cdnpay.ca)

This agreement will supersede any previous PAD agreement, making any and all previously filled agreements 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