

# 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: PRO-CATHEDRAL OF THE ASSUMPTION (480 McIntyre Street W. North Bay, ON P1B 2Z4)

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

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_

3. **Please debit my bank account:** **Remember to Attach a 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

**Parish ROOF CAMPAIGN**

A **weekly** donation of \$ \_\_\_\_\_ Withdrawal done every Monday

A **monthly** donation of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of the month

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

**SPECIAL COLLECTIONS**

Native Sector (18 January) \$ \_\_\_\_\_

Share Lent-Development & Peace (22 March) \$ \_\_\_\_\_

Needs of the Church in the Holy Land (03 April) \$ \_\_\_\_\_

Ministry Formation/Seminary/Vocations (26 April) \$ \_\_\_\_\_

The Pope's Pastoral Works (10 May) \$ \_\_\_\_\_

Needs of the Canadian Church (20 September) \$ \_\_\_\_\_

World Mission Sunday (18 October) \$ \_\_\_\_\_

Canadian Missions Initiative (22 November) \$ \_\_\_\_\_

**COLLECTIONS FOR THE FEASTS OF:**

New Year's Day (01 January) \$ \_\_\_\_\_

Easter (05 April) \$ \_\_\_\_\_

Christmas (25 December) \$ \_\_\_\_\_

**See Over ~ Please Sign & Date**

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.

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Signature

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Date