

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.

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 filled agreements null and void.

Signature

Date