

Pre-authorized debit agreement

Please complete all sections below to initiate or change contributions directly from your account to OLPH Parish.

Please attach a blank cheque marked “VOID” if authorizing payment from your bank account.

| | | | |
|-----------------------------|---------------|------------------------|--|
| Contributor Name(s) | | Phone Number (daytime) | |
| Address | City | Postal Code | |
| Email address: | | | |
| Bank Name | | Branch | |
| For Parish Office Use Only: | | | |
| Bank Number | Branch Number | Account Number | |

All donations will be withdrawn from accounts on the first Wednesday of each month

My monthly “Regular Sunday” Donations in the amount of \$ _____

Please debit my (our) account beginning _____.

My monthly “Building Fund” Donations in the amount of \$ _____

Please debit my (our) account beginning _____.

My monthly “Together We Serve” Donations in the amount of \$ _____

Please debit my (our) account beginning _____.

Please amend my PAD contribution as indicated above

This donation is made on behalf of: an Individual a Business

I (we) may revoke my (our) authorization at any time, subject to providing notice of 10 business days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I (we) 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 have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on any recourse, rights, I may contact my financial institution or visit www.cdnpay.ca

| | |
|-----------------------------|------|
| Signature of Account Holder | Date |
| Signature of Account Holder | Date |