

Pre-authorized Debit (PAD) Agreement

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

*** Please attach a blank cheque marked “VOID.”**

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	

Regular Sunday Donations

Monthly: Please debit from my (our) account the amount of \$ _____ on the first Wednesday of each month beginning _____.

Weekly: Please debit from my (our) account the amount of \$ _____ on each Wednesday beginning _____.

My additional *Building Restoration* Donations

Monthly: Please debit from my (our) account the amount of \$ _____ on the first Wednesday of each month beginning _____.

Weekly: Please debit from my (our) account the amount of \$ _____ on each Wednesday beginning _____.

My additional “Together We Serve” Donations

Monthly: Please debit from my (our) account the amount of \$ _____ on the first Wednesday of each month beginning _____.

Weekly: Please debit from my (our) account the amount of \$ _____ on each Wednesday beginning _____.

Please amend my PAD contribution as indicated above Please discontinue contribution envelopes

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

Parish Registration Form

Please PRINT. Return to the Parish Office

.....

Man's Last Name

Man's First Name

Birthdate (Yr./Mo./Day.)

Religion

.....

Woman's Last Name

Woman's First Name

Birthdate (Yr./Mo./Day.)

Religion

.....

Woman's Maiden Name

Married Single Widowed Separated Divorced

ADDRESS:

.....

.....

Postal Code

Home Telephone

Cell Number

.....

SUBDIVISION (Glen Allan, Brentwood, Clarkdale, etc.)

E-Mail Address

CHILDREN:

Name

M

F

Birthdate (Yr./Mo./Day)

.....

Name

M

F

Birthdate (Yr./Mo./Day)

.....

Name

M

F

Birthdate (Yr./Mo./Day)

.....

Name

M

F

Birthdate (Yr./Mo./Day)

WOMAN'S
OCCUPATION

Business Telephone

MAN'S
OCCUPATION

Business Telephone

Do any family members have hobbies, interests, skills, gifts or talents that you feel may be useful to the life of our parish family?

.....
.....
.....

Would you like Pre Authorized Debit..... Yes No

Would you like contribution envelopes? Yes No