

Our Lady of Perpetual Help Parish
13 Brower Drive, Sherwood Park, AB T8H 1Y7 Telephone: 780-467-5470 e-mail: info@olph.ca

Pre-authorized Debit (PAD) / Credit Card 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 Number	Branch Number	Account Number	
Name on Card	Credit Card #	Exp. Date	Security Code

Regular Sunday Donations

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

My additional Building Restoration Donations

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

Regular Sunday Donations

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

My additional Building Restoration Donations

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

My additional "Together We Serve" Donations

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

OLPH Parish Registration Form

Please PRINT. Return to the Parish Office

FAMILY NAME:

.....
Woman's Name

.....
Woman's Maiden Name

.....
Birthdate (Mo. / Day / Yr.)

.....
Man's Name

.....
Birthdate (Mo. / Day / Yr.)

Married

Single

Widowed

Separated

Divorced

ADDRESS:

.....
Postal Code

.....
Home Telephone

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

.....
E-Mail Address

CHILDREN:

.....
Name

.....
Birthdate (Mo./Day/Yr.)

.....
Name

.....
Birthdate (Mo./Day/Yr.)

.....
Name

.....
Birthdate (Mo./Day/Yr.)

.....
Name

.....
Birthdate (Mo./Day/Yr.)

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?

.....
Do you want to sign up for the Weekly bulletin? Yes No

Do you receive contribution envelopes? Yes No

If not, would you like to receive contribution envelopes?..... Yes No

Do you want to sign up for Pre-authorized payment Yes No