**THE ROMAN CATHOLIC EPISCOPAL CORPORATION FOR**

|  |  |  |  |
| --- | --- | --- | --- |
| Parish | Holy Redeemer Parish | Street | 1887 Bancroft Drive |
| **City** | Sudbury | **Postal Code** | P3B 1S7 |
| **Tel** | 705-566-8330 |  |  |

**THE DIOCESE OF SAULT STE. MARIE IN ONTARIO.**

**2. Payor Information** *(please print clearly)*

**1. Payee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name |  | First Name |  |
| **Street** |  | **Apt.** |  |
| **City** |  | **Postal Code** |  |
| **Tel** |  |  |  |

**THE PRE-AUTHORIZED DONATION PROGRAM (PADP)**

**PAYOR’S PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**

**NTARIO, CANADA**

**COMPLETED FORM SHOULD BE MAILED, E-MAILED, OR DELIVERED TO CHURCH OFFICE**

|  |  |  |
| --- | --- | --- |
| A Weekly PAD of | $ | Withdrawal Done Every Monday |
| **A Monthly PAD of** | **$** | **Withdrawal Done on (Day) of Month** |

|  |  |  |
| --- | --- | --- |
| A Weekly PAD of | $ | Withdrawal Done Every Monday |
| **A Monthly PAD of** | **$** | **Withdrawal Done on (Day) of Month** |
| **A Yearly PAD of** | **$** | **Withdrawal Done on First Monday in December (No Exceptions)** |

**Parish Building Fund**

**Sunday Collection**

**3. Please Debit My Bank Account** (attach VOID cheque)

**Please Indicate the Donation Amounts (Once a Year Donation)**

**For the Feasts of**

**Special Collections**

|  |  |
| --- | --- |
| Native Sector | $ |
| **Share Lent – Dev. & Peace** | **$** |
| **Needs of Church in Holy Land** | **$** |
| **Ministry Formation** | **$** |
| **Pope’s Pastoral Works** | **$** |
| **Needs of the Church in Canada** | **$** |
| **World Mission Sunday** | **$** |
| **Canadian Mission Initiative** | **$** |

|  |  |
| --- | --- |
| New Year’s Day | $ |
| **Easter** | **$** |
| **Christmas** | **$** |

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 schedule 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 fill agreement nil and void.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SignatureDate

**CANCELLATION NOTICE**

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (payor name), cancel my/our authorization to issue a personal pre-authorized debit as a donation to the above-named parish effective on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date). I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SignatureDate