

**THE ROMAN CATHOLIC EPISCOPAL CORPORATION FOR
THE DIOCESE OF SAULT STE. MARIE IN ONTARIO. CANADA.**

**THE PRE-AUTHORIZED DONATION PROGRAM (PADP)
PAYOR'S PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**

1. Payee Information

Parish: **St. Jude Parish** Street: **247 Mead Blvd.**
City: **Espanola, ON** Postal Code: **P5E 1A3** Tel: **705-869-0025**

2. Payor Information (Please Print Clearly)

Surname: First Name:
Street: Apt.:
City: Postal Code:
Tel: Email:

3. Please debit my bank account: (attach VOID cheque)

Sunday Collection

A weekly PAD of	\$	Withdrawn every Monday
A monthly PAD of	\$	on the day of the month

Parish Building Fund

A weekly PAD of	\$	Withdrawn every Monday
A monthly PAD of	\$	on the day of the month
A yearly PAD of	\$	Withdrawn on the first Monday in December (no exception)

Please indicate the donation amounts (once a year donation):

Special Collections

Native Sector	\$
Share Lent – Dev. & Peace	\$
Needs of the Church in Holy Land	\$
Seminary (Vocations)	\$
Pope's Pastoral Works	\$
Needs of the Church in Canada	\$
World Mission Sunday	\$
Bishop' Annual Appeal	\$

For the Feasts of

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 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

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.

Signature

Date