



PRE-AUTHORIZED DEBIT AGREEMENT FOR OFFERTORY DONATIONS

What is Pre-Authorized Debit (PAD)?

Are you tired of trying to find the cash or cheque for your Sunday envelopes? Wouldn't it be nice to have your generosity automatically taken out of your bank account? Would you like the satisfaction of knowing that you are caring for the needs of your parish?

With Pre-Authorized Debit, that is what happens. You determine how much you wish to give, which parish you would like to give to and how often. Your bank takes care of the rest! This also provides a safety measure for the parish staff and volunteers.

Confidentiality and Security

We are committed to keeping your personal information confidential and secure. Once your banking info is entered, it becomes encrypted and no one, except the receiving bank, can read any of your info.

Changes and Updates are Simple

If you are currently setup with PAD, we encourage you to review the regular offertory and special collection options available and submit the new authorization to the office.

Any changes you wish to make regarding the automatic withdrawal from your account (the amount, account number, etc.) must be submitted to the parish BEFORE the 15th of the month in order to take effect the NEXT month.

Thank you for your generous support of our family of parishes.

Please fill out all sections below.

Name 1: _____

Name 2 (if this is a joint account): _____

Address: _____

Email: _____

Home Phone #: _____ Cell Phone #: _____

PLEASE ATTACH A VOID CHEQUE OR
PRE-AUTHORIZED DEBIT FORM FROM YOUR BANK.
(Available from your bank branch or your online banking).

SUNDAY OFFERTORY

Parish: ☐ Blessed Sacrament ☐ St. Agnes ☐ St. Joseph ☐ St. Ursula

Frequency: ☐ Weekly (Fridays)
☐ Monthly (☐ 1st or ☐ 15th)
☐ Quarterly (January, April, July and October on the ☐ 1st or ☐ 15th)
☐ Semi-annually (January and July on the ☐ 1st or ☐ 15th)
☐ Annually (Which month? _____ on the ☐ 1st or ☐ 15th)

Amount: \$ _____

SPECIAL COLLECTIONS

Choose the collections below that you wish to donate to each year.
(amounts to be withdrawn on date indicated each year)

OR Would you like to receive envelopes to donate to these collections? ☐ Yes ☐ No

New Years (January 1) Amount \$ _____

Share Lent (March 1) Amount \$ _____

Good Friday (March 15) Amount \$ _____

Easter Sunday (April 1) Amount \$ _____

St. Peter's Seminary (April 15) Amount \$ _____

Priest Pension Fund (June 15) Amount \$ _____

Thanksgiving Appeal (October 1) Amount \$ _____

Mission Sunday (October 15) Amount \$ _____

Christmas (December 25) Amount \$ _____

St. Vincent de Paul Amount \$ _____

☐ per month on the ☐ 1st or ☐ 15th
☐ per year (Which month? _____ on the ☐ 1st or ☐ 15th)

Capital Projects Amount \$ _____ ☐ per month ☐ per year

☐ per month on the ☐ 1st or ☐ 15th
☐ per year (Which month? _____ on the ☐ 1st or ☐ 15th)

I authorize the parish indicated above to draw amounts from my bank account and financial institution, according to the schedule I have indicated on this form.

Signature of Name 1: _____ Date: _____

Signature of Name 2: _____ Date: _____

(if this is a joint account as indicated above)