

**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: _____ Street: _____

City: _____ Postal Code: _____ Tel: _____

2. Payor Information (Please Print Clearly)

Surname: _____ First Name: _____

Street: _____ Apt.: _____

City: _____ Postal Code: _____ Tel: _____

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

Sunday Collection

A **weekly** PAD of \$ _____ Withdrawal done every Monday
A **monthly** PAD of \$ _____ on the _____ day of the month

Parish Building Fund

A **weekly** PAD of \$ _____ Withdrawal done every Monday
A **monthly** PAD of \$ _____ on the _____ day of the month
A **yearly** PAD of \$ _____ Withdrawal done 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 \$ _____
Ministry Formation \$ _____
Pope's Pastoral Works \$ _____
Needs of the Church in Canada \$ _____
World Mission Sunday \$ _____
Canadian Mission Initiative \$ _____

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 nil 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