



PRE-AUTHORIZED MONTHLY DONATION PLAN AGREEMENT BANK DEBIT

I/we authorize St. Faustina Parish and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular, recurring payments. Regular monthly payments will be debited to my/our specified account on the last working day of each month.

I/we wish to donate each month a total of:

(Check one)

\$50 \$75

\$100 Other \$

Of the total amount, please allocate _____ % (percent) to the

“New Church Building Fund” account.

★ Please include a blank “void” cheque.

This authority is to remain in effect until St. Faustina Parish has received written or email notification from me/us of its change or termination. This notification must be received at least ten (10) business day before the next debit is scheduled at the address provided below.

St. Faustina Parish may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement.

For example, I/we have the right to receive reimbursement for any monthly debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Family Name(s):													
Given Name(s):													
Address:													
City /Town							Postal Code						
Cell Ph:													
Home Ph:													
Email:													

Authorized Signature _____ Date _____