



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

By signing this form, I(we) am(are) giving St. Peter's Parish permission to debit my(our) account for the amount(s) and on the date(s) indicated on the following page. I(we) may revoke my(our) authorization at any time by providing 30 days notice in writing. I(we) can obtain a cancellation form from St. Peter's Parish, or for more information on my(our) right to cancel a PAD agreement, I(we) may contact my(our) financial institution or visit www.cdnpay.ca.

DATE: _____

DONOR INFORMATION:

Name _____ Phone # _____

Email _____

Address _____

This donation is made on behalf of an Individual OR a Business.

CREDIT CARD – NOTE: A TAX RECEIPT CAN ONLY BE ISSUED IN THE NAME OF THE CREDIT CARD HOLDER

PLEASE PRINT CLEARLY

Account Type: Visa MasterCard

Cardholder Name _____

Please print name exactly as shown on card

Credit Card Number _____

Expiration Date _____ Three digit security code #: _____

PLEASE REMEMBER TO UPDATE YOUR CREDIT CARD NUMBER AND EXPIRY DATE WHEN NECESSARY

OR

DIRECT DEBIT

(PLEASE ATTACH A VOID CHEQUE OR PROVIDE ACCOUNT INFORMATION.)

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right 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 may contact my financial institution or visit www.cdnpay.ca

ONCE COMPLETED, ALL INFORMATION CONTAINED HEREIN IS SUBJECT TO THE ALBERTA PRIVACY ACT



PLEASE DEBIT MY(OUR) ACCOUNT AS FOLLOWS (Choose your options):

REGULAR COLLECTION	
<input type="checkbox"/>	Weekly Contributions of \$ _____ withdrawn on Sunday beginning _____ (date)
<input type="checkbox"/>	Monthly Contributions of \$ _____ withdrawn on the <input type="checkbox"/> 1 st AND/OR <input type="checkbox"/> 15 th of the month
SPECIAL COLLECTIONS	
<input type="checkbox"/>	Monthly Contributions to the Building Fund of \$ _____ withdrawn on the <input type="checkbox"/> 1 st AND/OR <input type="checkbox"/> 15 th of each month
<input type="checkbox"/>	Monthly Contributions to "Together in Action" (TIA – Bishop's Appeal) of \$ _____ beginning on the 10 th day of _____ (month)
<input type="checkbox"/>	Christmas Contribution of \$ _____ withdrawn annually on December 15
<input type="checkbox"/>	Easter Contribution of \$ _____ withdrawn annually on April 15
<input type="checkbox"/>	New Year's Contribution of \$ _____ withdrawn annually on January 2
<input type="checkbox"/>	Other Special Collections* Contribution of \$ _____ withdrawn on the 15 th of every other month starting the 15 th of _____ (month)

***SPECIAL COLLECTIONS:** Holy Land; Mission Mexico; Papal Charities; Seminary Fund; World Missions; Catholic Education.

When deciding the amount of your contributions please bear in mind the number of income earners in the household. Each earner should contribute his or her own share to Church and charity. Contributions in each family may be combined above, or each member may complete their own Application Form. Tax receipts will be issued to the registered member named above in February of each year.

For Joint Accounts, we require the signature of both account holders.

SIGNATURE OF ACCOUNT HOLDER

SIGNATURE OF JOINT ACCOUNT HOLDER
(if applicable)

 By typing your name, you agree to the above information.

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