ST JAMES PARISH

PRE-AUTHORIZED DEBIT (PAD) APPLICATION

MY INFORMATION																				
Name										E	Envelope Number									
Street Address																				
City / Town						Provi	Province							Postal Code						
Phone							Email													
MY DONATION DETAILS																				
Amount to be withdrawn each month:			\$																	
Allocate Funds	Building Fund	\$			Ope Fun	rating d	ting \$				Togeth Action			er In \$						
	Youth Ministry	\$			St. \	/incent Paul	\ \ \ \ \ \			Ot	Other			\$						
Frequency at which payments are to be taken						15 th	15 th of the Month					30 th			of the Month					
Withdra				Comme	ence on	:	of								20					
HOW I WILL PAY																				
My Payment will be by Bank Debit (attach a void cheque) OR																				
My Payment will be by Credit Card Visa MasterCard																				
Name on Credit Card													EXPIRY							
Credit Card Number:																				
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AGREEMENT																				
I authorize St. James Parish to withdraw from my account for the amount stated in this agreement.																				
The withdrawal will be presented to my account on the date specified each month or the next business day: The withdrawal will be issued appropriate the total of monthly denoting made in each salandar year.																				
Tax receipts will be issued annually for the total of monthly donations made in each calendar year. The standard Bre notification clause is waited by both parties:																				
The standard Pre-notification clause is waived by both parties; (1) Decomposition of the standard Pre-notification clause is waived by both parties; (2) Decomposition of the standard Pre-notification clause is waived by both parties; (3) Decomposition of the standard Pre-notification clause is waived by both parties;																				
• I (the Donor) may revoke my authorization at <u>any time</u> , subject to providing notice to the St. James Parish (contact information below). NOTE: Cancellation notice must be provided 10 days prior to a scheduled withdrawal. To obtain a sample cancellation form, or further information on your right to cancel a PAD Agreement, contact your Financial institution or visit www.cdnpay.ca;																				
• I (the Donor) 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 the PAD Agreement. NOTE: To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.																				
Place and Date																				
Donor Signature								Second Donor Signature (Joint Account)												

St. James Parish - 338060-32nd Street East (Site 7 Box 41 RR 2) Okotoks Alberta T1S 1A2 **Fax**: 403.938.0524 **Email**: office@stjamesparishrc.com

Print Name

Phone: 403.938.3122

Print Name