

## Preauthorized Giving Form

### Details & Authorization

I, the Payor authorise the parish listed on the reverse and the financial institution designated on the attached void cheque to begin deductions on or around the 15<sup>th</sup> of each month in the amount of:

- \$130.00 (equivalent of \$30 wk.)
- \$86.67 (equivalent of \$20 wk.)
- \$65.00 (equivalent of \$15 wk.)
- \$43.33 (equivalent of \$10 wk.)
- other monthly amount & \_\_\_\_\_

I understand that my participation in this agreement does not include any special collections such as Building Collections and Pilgrimage of Faith.

I understand that the Diocese of Nelson will administer this Pre-authorized Debit Agreement.

I may revoke my authorisation at any time subject to providing at least 30 days written notice. To obtain a sample cancellation form or more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

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 authorised or is not consistent with this Pre-authorized Debit Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

### Donor/Account Holder:

Name(s): \_\_\_\_\_

Envelope Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The donor is (check one):

an individual     a Business

Signature of Account Holder:

\_\_\_\_\_  
Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Joint Account Holder (if applicable)

\_\_\_\_\_  
Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE PRINT CLEARLY AND ATTACH A VOID CHEQUE**