St. Bonaventure Parish

Pre-authorized Debit (PAD) Agreement

I hereby authorize St. Bonaventure Parish to initiate **monthly** electronic debit.

Please debit my bank account: $ _____(specify) starting in _____
The debit will be processed to your account on the 2nd day of each month or the next business day.

Signature: _____ Date: _____

Donor Name: _____ Phone:_____
_____
_____
_____

This donation is made on behalf of: ____ an Individual ____ a Business

I may revoke my authorization at any time, subject to providing notice of 30 days.
To obtain a sample cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca

St. Bonavenutre Parish
1600 Acadia Dr. SE
Calgary, AB T2J 3B3
403-278-7556
Email: bkuhn@stbonaventureparish.ca

I understand that both St. Bonaventure Parish and my financial institution reserve the right to terminate this payment plan or my participation therein.

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.

Current Envelope Number #_____

To ensure accuracy, please supply us with a specimen cheque marked "VOID".