

Pre-authorized Debit (PAD) Agreement

Sacred Heart Parish

Date: _____

I want to support Sacred Heart Parish through monthly donation.

Please debit my bank account: (*attach VOID cheque*)

_____ (*Building Fund*) + _____ (*General Donation*)

Total Amount: _____

The debit will be processed to your account on the first Wednesday of each month or the next business day.

Signature:

Donor Name:

Address/Contact Information:

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.

Sacred Heart Parish
23 Strathmore Lakes Way
Strathmore, AB T1P 1L7
Tel: 403-934-2641
Email: sacredhc@shaw.ca

I have certain recourse rights if my 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.