

# Pre-Authorized Debit (PAD) Registration Form

Please return this form by the 30<sup>th</sup> of the preceding month to start the program on 15<sup>th</sup> of the desired starting month to either the Parish Office or secure lockbox in the Church narthex.

NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_  
 NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ OFFERTORY ENVELOPE#: \_\_\_\_\_

This program will provide convenience to you as a Parishioner and facilitate the administration of monthly offerings to St. John the Baptist Catholic Church.

I/We are agreeing to participate in the Pre-Authorized Debit (PAD) program with St. John the Baptist Catholic Church. I/We as the account holder(s) authorize St. John the Baptist Catholic Church (the Payee) to debit my/our account at the below-indicated branch of the financial institution, under the terms and conditions agreed to by Me/Us with the Payee until such time as written notice to the contrary is given by Me/Us to the Payee. The branch of the financial institution at which I/We maintain the account is not required to verify that the payments are drawn in accordance with this authorization. There will be no top-ups or adjustments permissible unless specifically approved by Me/Us.

START DATE: **15<sup>th</sup> of** \_\_\_\_\_ FIXED MONTHLY CONTRIBUTION AMOUNT: \$ \_\_\_\_\_  
(month, year)

A debit, in paper, electronic or other form shall be fixed in the amount of \$ \_\_\_\_\_ beginning on above stated start date, in a monthly frequency agreed to by Me/Us with the Payee.

I/We will notify the Payee in writing of any changes to the account information provided herein 30 days prior to the next due date of the pre-authorized debit. I/ We have certain recourse rights if any debit does not comply with this agreement. Items charged in error will be reimbursed subject to notification by Me/Us to St. John the Baptist Catholic Church within 90 days under the following conditions:

1. For any debit that is not authorized or is not consistent with this PAD agreement;
2. The pre-authorization debit was not withdrawn in accordance with this authorization;
3. My/Our authorization was revoked.

To obtain more information of recourse rights, I/We may contact My/Our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I/We wish to make **monthly** Pre-Authorized Debit Payments from:

FINANCIAL INSTITUTION NAME: \_\_\_\_\_  
 BRANCH ADDRESS: \_\_\_\_\_  
 ACCOUNT DETAILS: \_\_\_\_\_

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**Branch No.** (5 Numbers)      **Institution No.** (3 Numbers)      **Account No.**

*Note: Enter the numbers from your cheque, refer to Cheque Example below*

I/We certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change to Account information provided in this Agreement at least 30 days prior to the next due date of the pre-authorized debit (PAD). In the event of any such change, this Agreement shall continue in respect of any new account to be used for the pre-authorized debit.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**ATTACH YOUR CHEQUE HERE**

ACCOUNT HOLDER NAME		001
STREET ADDRESS		
CITY, PROVINCE POSTAL CODE		
DATE _____		
<b>VOID</b>		
PAY TO THE ORDER OF _____	\$ _____	
		100 DOLLARS
BANK NAME		
BANK STREET ADDRESS		
BANK CITY, PROVINCE POSTAL CODE		
<del>001</del>	05550	004
127864182178		
Check No.	Branch No.	Institution No.
		Bank Account No.

