

Our Lady of the Assumption Parish

Phone (403) 887-2398

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Email: OurLoa.Sylvan@caedm.ca

5033-47a avenue

Sylvan Lake, AB

T4S 1G8

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Please Print Clearly

Name _____

Address _____ City _____

Postal Code _____ Daytime phone _____ / _____

Email _____ Current Envelope # _____

I agree to support Our Lady of the Assumption Parish, **Operational Support** _____ (monthly donation)

Please debit my bank account: \$25.00 _____ **\$50.00** _____ **\$75.00** _____

Other amount \$ _____ **(specify)**

I agree to support Our Lady of the Assumption Parish, **Building Fund** _____ (monthly donation)

Please debit my bank account: \$25.00 _____ **\$50.00** _____ **\$75.00** _____

Other amount \$ _____ **(specify)**

I agree to support the special collections, **Together we Serve** _____ (monthly donation)

Please debit my bank account: \$25.00 _____ **\$50.00** _____ **\$75.00** _____

Other amount \$ _____ **(specify)**

Total monthly donation \$ _____

NEW _____

REVISION TO CURRENT AGREEMENT _____

(includes *Operational support* , *Building fund* , and *Together We Serve*)

The debit will be processed to your bank account the **first Tuesday of every month.**

In the event of a statutory holiday, the withdrawal will be made the next business day.

Please attach a copy of a VOID Cheque:

Account Name: _____

Account Number: _____

Financial Institution: _____

Name

Transit Number

Signature of account holder(s): _____ / _____

Dated: _____ at _____

This donation is made on behalf of _____ an Individual _____ a Business

I may revoke my authorization at any time, subject to providing written notice of 14 days. Contact information below. To obtain a sample cancellation form, or for more information on my right to cancel PAD agreement, I may contact my financial institution or visit www.cdnpay.ca

Our Lady of the Assumption Parish
5033-47a Avenue, Sylvan Lake, AB T4S 1G8
(403) 887-2398 email: OurLoa.Sylvan@caedm.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 authorized or consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution of visit www.cdnpay.ca.