

Our Lady of Sorrows Parish
PRE-AUTHORIZED DEBIT (PAD) AGREEMENT RE: SUNDAY OFFERING

4. Customer Information (Please print clearly)

Family Name: _____ Envelope Number _____

Payer's Information

Payer's Name: _____

Address: _____

Telephone: Cel: _____ Home: _____

5. Bank Account Information (Please attach a VOIDED CHEQUE or have your financial institution provide a form).

Financial Institution Number:																				
Branch Transit Number:																				
Account Number:																				
Indicate:																				
Account																				
Savings Account																				

6. Pre-authorized Debit (PAD) details.

You the Payer, authorize **Our Lady of Sorrows Parish** to debit the bank account identified above for \$_____ on the 1st of every month or the next business day, until advised by you to cancel.

These services are for (check one):

Personal use	√
Business use	n/a

You, the Payer, may revoke your authorization at any time in writing subject to providing notice of a minimum of 10 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Payer: _____

Name: (please print) _____

Date signed: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.