



Pre-authorized Debit (PAD) Agreement

I / We wish to use: Pre-authorized debit of my / our bank account Credit card (see reverse)
to make monthly contributions to: Sunday collection Building fund

Name: _____

Address: _____

Phone: _____ email: _____

I would like to add the following designated collections to the PAD of the same month:

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Share Lent (5 th Sunday of Lent) | \$ _____ | <input type="checkbox"/> Needs of the Church in Canada
(last Sunday in September) | \$ _____ |
| <input type="checkbox"/> Needs of the Church in the
Holy Land (Good Friday) | \$ _____ | <input type="checkbox"/> World Mission Sunday
(2nd last Sunday in October) | \$ _____ |
| <input type="checkbox"/> The Pope’s Pastoral Works
(6 th Sunday of Easter) | \$ _____ | <input type="checkbox"/> Catholic Missions in Canada
(second Sunday in November) | \$ _____ |

For bank account debit:

*******Please attach a VOID cheque to this agreement*******

Name of Account Holder: _____

Name of Financial Institution: _____

Account # _____ Branch # _____

I / We as the account holder(s), authorize the Archdiocese of Grouard-McLennan (the Archdiocese) to debit my/our account at the above indicated branch of the above-named financial institution, under the terms and conditions agreed to by me / us with The Archdiocese until such time as written notice to the contrary is given by me / us to The Archdiocese. The branch of the financial institution at which I / we maintain the account is not required to verify that the payment(s) are drawn in accordance with this authorization.

A debit, in paper, electronic, or other form, shall be in the amount of \$ _____ on the 15th 30th day of each month, beginning on the 15th 30th of _____, 20____.

Final date of automatic debit (if any): _____

I / We will notify the Archdiocese in writing of any changes in the account information provided herein prior to the next due date of the pre-authorized debit. Items charged in error will be reimbursed subject to notification by me / us to the branch of the account within 90 days under the following conditions: 1) I / we never provided the authorization to the Archdiocese; 2) the pre-authorization was not drawn in accordance with this authorization; or 3) my / our authorization was revoked.

Note: The PAD will appear on the bank statement as **“La Corp”** or **“La Corporation Episcopale CR de Grouard”**, the corporate name of the Archdiocese of Grouard McLennan.

Note: For more information about PAD Agreements, visit your financial institution or www.cdnpay.ca.

SIGNATURE(S)

Account Holder (1): _____ Date: _____

Account Holder (2): _____ Date: _____



For credit card:

Name of cardholder: _____ Card type: Visa Mastercard

Card number: _____ Expiry date: _____

I, as the cardholder, authorize the Archdiocese of Grouard-McLennan (the Archdiocese) to credit my above indicated credit card, under the terms and conditions agreed to by me with The Archdiocese until such time as written notice to the contrary is given by me. The credit card company at which I have the account is not required to verify that the credit(s) are made in accordance with this authorization.

A credit, in paper, electronic, or other form, shall be in the amount of \$ _____ on the 15th day of each month, beginning on the 15th of _____, 20 ____.

Final date of automatic credit (if any): _____

I / We will notify the Archdiocese in writing of any changes in the account information provided herein prior to the next due date of the pre-authorized credit. Items charged in error will be reimbursed subject to notification by me to the credit card company within 90 days under the following conditions: 1) I never provided the authorization to the Archdiocese; 2) the pre-authorization was not credited in accordance with this authorization; or 3) my authorization was revoked.

Note: The credit will appear on the credit card statement as **“La Corp”** or **“La Corporation Episcopale CR de Grouard”**, the corporate name of the Archdiocese of Grouard McLennan.

SIGNATURE

Cardholder: _____ Date: _____