



### Pre-authorized Debit (PAD) Agreement

I / We wish to use:  Pre-authorized debit of my / our bank account  Credit card (see next page)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**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  15<sup>th</sup>  30<sup>th</sup> day of each month, beginning  the  15<sup>th</sup> 30<sup>th</sup> 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Archdiocese; 2) the pre-authorization was not drawn in accordance with this authorization; or 3) my / our authorization was revoked.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](http://www.cdnpay.ca).

**SIGNATURE(S)**

Account Holder (1): \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder (2): \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed form to:**

**Archdiocese of Grouard-McLennan**

**By mail: 10301 102 Street, Grande Prairie, AB. T8V 2W2**

**By fax: 780.532.9706 By email: [finance.agm@outlook.com](mailto:finance.agm@outlook.com)**



Archdiocese of Grouard-McLennan

**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 15<sup>th</sup> day of each month, beginning on the 15<sup>th</sup> 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: \_\_\_\_\_