

ST. DENIS ROMAN CATHOLIC CHURCH

230 Lake Street
St. Catharines † Ontario † L2R 5Z3
Phone: 905-685-5911 † Fax: 905-682-5959
www.stdenischurch.ca

COMMITMENT TO PARISH LIFE

PRE-AUTHORIZED DEBIT AGREEMENT

Yes, I would like to support St. Denis Church through monthly Pre-Authorized Debit (PAD) donations!

I/We would like to contribute:

_____ Monthly Beginning in the month of _____

The debit will take place on the 1st day of each month (or on the next business day).

This monthly donation is made on behalf of: _____ an individual or _____ a business

~ Please attached a VOID cheque ~

First & Last Name

Street Address

Phone Number

City & Province

Email Address

Postal Code

Envelope No.

Date: _____ **Signature of account holder:** _____

Date: _____ **Signature of joint account holder:** _____

I/We may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancelation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

I/We 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 is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.