

**St. Anthony's Parish
Pre-Authorized Debit (PAD) Agreement**

Date: _____

I/We would like to support St. Anthony's Parish through a Pre-Authorized debit plan.

Please debit my/our account as follows:

Attach void cheque, if no cheque available please provide:

#1. Name of financial institution: _____

#2. Account # _____

#3 Transit # _____

I/We would like our debit to be processed as follows to support the following:

Option 1: Regular Sunday contribution of \$____, start date every week or monthly.

Option 2: Building Hall contribution of \$____, start date every week or monthly.

If weekly option is chosen the debit will be processed to your account every Monday.

If monthly option is chosen the debit will be processed on the 18th day of each month or the next business day.

Option 1: _____ Donor Signature (Account Holder)

Option 2: _____ Donor Signature (Account Holder)

Donor Name: _____

Address: _____

Banking Info: _____

Envelope # _____

I may revoke my authorization at any time subject to providing notice (must provide 15 days notice).

St. Anthony's Parish
2704-56 Avenue
Lloydminster AB T9V 2C1
(780) 875-2883
email: stanthony@shaw.ca

You/I have certain recourse rights if any debt does not comply with this agreement. For example, you/I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement. To obtain more information on your recourse rights, you may contact our financial institution or visit www.cdnpay.com.