

ST. CLARE OF ASSISI PARISH PRE-AUTHORIZED PAYMENT FORM

PI	lease Indicate	e if this is a r	new request	or a change
	Payee:	St. Clare of 1320 John		itlam, BC V3B 4T5
I/We warra (Please Print	•	sent that the	e following inform	ation is accurate:
Parishione	er's Envelop	e Number _		
Surname:			First Name:	
Surname:			First Name:	
Address: _				
	one No.:			e. No
A debit ir	n the amount est business (of \$day of each i	may be d	lrawn on my (our) account ng llection contribution to
Please al	llocate this to) :		
Regular Sunday Collection \$			Bui	lding Fund \$

ATTACH A CHEQUE, MARKED "VOID" if this is a New Application or if you have changed your bank account.

OFFIC	CE USE					
I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Canadian Payments Association - www.cdnpay.ca).						
I/We will notify the Payee (St. Clare of Assisi), in writing of any changes in the account information or termination of the authorization at least ten business days prior to the next due date of the pre-authorized debit.						
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.						
I/We acknowledge that delivery of this authorization to the Payee constitutes delivery by me (us) to the above-noted financial institution.						
I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.						
Signature of Account Holder	Date Signed					
Signature of Account Holder	Date Signed					