

ST. CLARE OF ASSISI PARISH

PRE-AUTHORIZED PAYMENT FORM

Please Indicate if this is a new request _____ or a change _____

Payee: St. Clare of Assisi
1320 Johnson Street
Coquitlam, BC

I/We warrant and represent that the following information is accurate:
(Please Print)

Parishioner's Envelope Number _____

Surname: _____ First Name: _____

Surname: _____ First Name: _____

Address: _____

Home Phone No.: _____ Cell Phone. No. _____

Email Address: _____

Parishioner's Financial Institution: _____

Address: _____

A debit in the amount of \$ _____ may be drawn on my (our) account

on the first business day of each month commencing _____

for my/our Sunday Collection contribution to the church. Please allocate this to

Regular Sunday Collection _____ Building Fund _____

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

(Please remember to sign the back of this page)

OFFICE 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