

# SANCTUARY MINISTRY - REFUGEE SUPPORT PRE-AUTHORIZED DEBIT (PAD)



I/We wish to support the parish's refugee settlement efforts, led by the **Sanctuary Ministry at St. Paul**. I understand that my contribution will go to support a sponsored family prior to their arriving in Canada, or their settlement once they arrive..

First name & Family Name: \_\_\_\_\_

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

Preferred phone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

***I/we wish to make direct debit payments from my/our bank, as listed below:***

Financial Institution: \_\_\_\_\_

Account #: \_\_\_\_\_ Branch and Institution #: \_\_\_\_\_

Direct debit payments should be made on the:  1st of the month **OR**  15th of the month

***Please attach a void cheque to this authorization.***

This is my/our first time signing up for PAD. **OR**  This is a revised PAD agreement for 2022.

***I/We wish to donate the following amount:*** \_\_\_\_\_

I/we as the account holder(s) authorize St. Paul the Apostle Church (the payee) to debit my/our account at the above indicated branch of the financial institution, under the terms and conditions agreed to be me/us with the Payee until such time as written notice to the contrary is given by me/us to the Payee. 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. There will be no top ups or adjustments permissible unless specifically approved by me.

A debit, in paper, electronic or other form shall be fixed in the amount of:

\$ \_\_\_\_\_ beginning on \_\_\_\_\_ (dd/mm/yy)

in the frequency agreed to by me/us with the Payee. I/we will notify the Payee 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 account within 90 days under the following conditions:

1. I/we never provided the authorization to the Payee;
2. The pre-authorization debit was not drawn in accordance with this authorization;
3. My/our authorization was revoked.

I/we understand that a written declaration to this effect must be given to my/our financial institution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please submit your completed PAD form to the parish office by mail (1111 Taylor Kidd Blvd, Kingston ON, K7M 8G8), in-person, or deposit in the weekend offertory basket!***