

# ST. PAUL THE APOSTLE PARISH PRE-AUTHORIZED DEBIT (PAD)



I/We have reflected upon the important value that our parish has in our lives and am/are making this commitment to support St. Paul the Apostle Parish. I/we understand that within the Offertory Renewal Program I/we may contribute to the regular operating costs and/or the long term capital maintenance of our parish.

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 2021.

***My/our contribution should be allocated in the following way:***

Regular Offertory: \_\_\_\_\_

Uniting our Gifts capital contribution: \_\_\_\_\_

**Total:** \_\_\_\_\_

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 My/our authorization was revoked.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!***