



St. Mary's Parish

6 McMillan Avenue
Red Deer, Alberta, T4N 5X8
Ph. 403 347 3114

Pre-Authorized Debit (PAD) Agreement

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email: _____

I want to support St. Mary's Catholic Parish through Pre-Authorized donations.

You may choose any amount, here are some examples:

Per month	\$50	\$75	\$100	\$150	\$200
approximately	\$11.50/week	\$17.00/week	\$23.00/week	\$34.50/week	\$46.00/week

How would you like your donation used?

General Funds \$ _____ Building Fund \$ _____

Together We Serve \$ _____ Youth \$ _____

Total Donation Amount \$ _____

☐ **YES! I have attached a void cheque or banking document with my account information!**

Debit my account on the:

_____ 1 st day of each month	_____ 15 th day of each month.
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This donation is made on behalf of: _____ an Individual _____ a Business

In addition to my PAD, I also require a set of envelopes ☐ YES ☐ NO

I may revoke my authorization at any time, subject to providing notice of *ten days*. To obtain a sample cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

Name: _____

Date: _____

(Please Print)

I 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.

Shared >> forms >> Pre-Authorized Debit