

Queen of All Saints Parish Registration Form (Please Print)

 ST. AUGUSTINE'S

 ST. LAWRENCE O'TOOLE

 OUR LADY OF MERCY

Personal	Name:		
Address	Street:		
	City:	Province:	Postal Code:
Contact Information	Home Phone:		Cell Phone:
	Email:		
Language	<input type="checkbox"/> English <input type="checkbox"/> French		

Spouse/Partner	Name:		
Contact Info	Cell Phone:	Email:	
Language	<input type="checkbox"/> English <input type="checkbox"/> French		

Children	B: Baptism E: Eucharist R: Reconciliation C: Confirmation				Put a checkmark by completed Sacraments:			
Name	Gender	DOB (M-D-Y)	Language: English or French	B	E	R	C	

Parish Contribution and Bulletin	
Contribution Type	<input type="checkbox"/> Pre-Authorized Debit (Preferred, please complete agreement on the back) <input type="checkbox"/> Envelopes
Bulletin	Would you like to receive an emailed copy of the weekly bulletin? <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information	
How did you hear about our church?	
What attracted you to joining our church?	
What areas would you be interested in offering your services? For example: liturgical ministries, youth ministry, parish council, finance council, building committee, faith development, social activities?	
If you have been a parishioner for some time, do you feel the church is meeting your needs? Please provide details.	

NOTE: Please return registration form and PAD form (if applicable) to parish office or in Mass collection basket.

(Please turn over...)

Queen of All Saints Parish

Pre-Authorized Debit (PAD) Agreement

Church to be Supported

Please select the Church to be supported by this Pre-Authorized Debit:

ST. AUGUSTINE'S

ST. LAWRENCE O'TOOLE

OUR LADY OF MERCY

Pre-Authorized Debit (PAD) Authorization, Amount and Period

I hereby authorize Queen of All Saints Parish to debit my bank account in the amount of \$_____ every (please check one):

Week

Bi-Week

Month (which day of the month _____)

PLEASE ATTACH A VOID CHECK

Donor Information	Name:		
Address	Street:		
	City:	Province:	Postal Code:
Contact Information	Home Phone:		Cell Phone:
	Email:		

Signature: _____ Date: _____

Pre-Authorized Debit Cancellation and Recourse Rights

I may revoke my authorization at any time, subject to providing notice by the 15th of the month prior to the month I want the change to become effective. 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 Charlie Farrell, Pastoral Associate, charlie.farrell@gasmoncton.com

Queen of All Saints Parish
113 Norwood Ave. Suite #12
Moncton, NB E1C 6M1
Tel: 506-857-4223

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.

(Please turn over...)