

St. Joseph the Worker Parish, Russell, MB

Pre-Authorized Debit (PAD) Agreement

Name: _____ Address: _____
City: _____ Province: _____
Postal Code: _____ Telephone: () _____

*I authorize **St. Joseph the Worker Parish** to arrange for and make automatic deductions from my bank account in the amount of \$_____ every 1st of the month, beginning in the month of _____, 20____.*

This deduction is made on behalf of: ___ an Individual ___ a Business

I may revoke my authorization at any time in writing by mail or fax, subject to providing notice of 10 days to the address shown below. 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 .

St. Joseph the Worker Parish

Box 776

Russell, Mb

R0J 1W0

Phone # 204-773-2924 Fax: 204-773-2342 email : stjoevkr@mymts.net

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 .

BANK INFORMATION

To ensure accuracy, a sample cheque marked "VOID" must accompany this form.

Financial Institution: _____

Address: _____

Account No. _____

Branch No.: _____

Date: _____

Signature: _____