



**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**

By signing this form, I(we) am(are) giving St. Peter's Parish permission to debit my(our) account for the amount(s) and on the date(s) indicated on the following page. I(we) may revoke my(our) authorization at any time by providing 30 days notice in writing. I(we) can obtain a cancellation form from St. Peter's Parish, or for more information on my(our) right to cancel a PAD agreement, I(we) may contact my(our) financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

DATE: \_\_\_\_\_

**DONOR INFORMATION:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

This donation is made on behalf of  an Individual **OR**  a Business.

**CREDIT CARD** – NOTE: A TAX RECEIPT CAN ONLY BE ISSUED IN THE NAME OF THE CREDIT CARD HOLDER

**PLEASE PRINT CLEARLY**

Account Type:  Visa  MasterCard

Cardholder Name \_\_\_\_\_

*Please print name exactly as shown on card*

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Three digit security code #: \_\_\_\_\_

**OR**

**DIRECT DEBIT**

**(PLEASE ATTACH A VOID CHEQUE OR PROVIDE ACCOUNT INFORMATION.)**

*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](http://www.cdnpay.ca)*

**ONCE COMPLETED, ALL INFORMATION CONTAINED HEREIN IS SUBJECT TO THE ALBERTA PRIVACY ACT**



**PLEASE DEBIT MY(OUR) ACCOUNT AS FOLLOWS (Choose your options):**

<b>REGULAR COLLECTION</b>	
<input type="checkbox"/>	<b>Weekly Contributions</b> of \$ _____ beginning _____ (date)
<input type="checkbox"/>	<b>Monthly Contributions</b> of \$ _____ on the <input type="checkbox"/> 1 <sup>st</sup> of the month
<input type="checkbox"/>	<b>Monthly Contributions</b> of \$ _____ on the <input type="checkbox"/> 15 <sup>th</sup> of the month
<input type="checkbox"/>	<b>An annual lump sum</b> of \$ _____ on the 1 <sup>st</sup> day of _____ (month)
<b>SPECIAL COLLECTIONS</b>	
<input type="checkbox"/>	<b>Annual Contributions to "Together in Action"</b> (TIA – Bishop's Appeal) \$ _____ on the 10 <sup>th</sup> day of _____ (month)
<input type="checkbox"/>	<b>Monthly Contributions to "Together in Action"</b> (TIA – Bishop's Appeal) of \$ _____ beginning on the 10 <sup>th</sup> day of _____ (month)
<input type="checkbox"/>	<b>Christmas Contribution</b> of \$ _____ on December 15
<input type="checkbox"/>	<b>Easter Contribution</b> of \$ _____ on April 15
<input type="checkbox"/>	<b>New Year's Contribution</b> of \$ _____ on January 2
<input type="checkbox"/>	<b>Other Special Collections*</b> Contribution of \$ _____ on the 15 <sup>th</sup> of every other month starting the 15 <sup>th</sup> of _____ (month)

**\*SPECIAL COLLECTIONS:** Holy Land; Mission Mexico; Papal Charities; Seminary Fund; World Missions; Catholic Education.

When deciding the amount of your contributions please bear in mind the number of income earners in the household. Each earner should contribute his or her own share to Church and charity. Contributions in each family may be combined above, or each member may complete their own Application Form. Tax receipts will be issued to the registered member named above in February of each year.

**For Joint Accounts, we require the signature of both account holders.**

**SIGNATURE OF ACCOUNT HOLDER**

**SIGNATURE OF JOINT ACCOUNT HOLDER**  
(if applicable)

\_\_\_\_\_

\_\_\_\_\_

Printed Name

Printed Name

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