

DIRECT GIVING ENROLMENT FORM

Automatic payments are a simple and convenient way for you to make your weekly parish offering. Just complete this Pre-Authorized debit form (PAD) and drop it in the collection, drop it off at the parish office, or mail it to us – see address below.

I/We (please	print)			
Donor Name	(s)			Envelope #:
			Postal Code	
-			_	
Authorize:				
	arish. 120 Mundy P	ond Road. St. John's	, NL A1E 1V1. (709-	-579-0065)
_	t my/our bank acco		,	
In the fixed a	mount of \$, payab	le once a month (on t	the 1st of each month)
Please provid	de the following ba	nk account informa	tion:	·
	(!			
Bank #	(3 digits	s)		
Account #		(7 digits)		
This informa	tion can be found o	on your cheque as fo	llows:	
T	Your name		The same of the same of	5925
	Your address			
	PAY TO THE OPDER OF	•		s
	Ottober of .			
	Your bank's name Your bank's address			7100 000000
	MENO			
		994991: 999	91119991	
_				
16		sit # Bank # Ac		and and the benefit of an in-
-			tion is available throt	ugh online banking or by
contacting yo	our financial institu	uon.		
•				ce of 30 days. To obtain a samp D agreement, I/we may contac
our financial	institution or visit v	vww.payments.ca.		
I/We have ce	rtain recourse if an	y debit does not con	nply with this PAD agr	reement. For example, I/we ha
the right to re	eceive reimbursem	ent for any debit tha	t is not authorized or	is not within this PAD
agreement. T	o obtain more info	rmation of our recou	urse rights, I/we may o	contact our financial institutior
or visit www.	.payments.ca.			
I/We have re	ad and understand	the terms of this au	thorization and ackno	wledge receipt of a copy of thi
agreement.				
		11	,	
Donor (1) Si		Date	Donor (2) Signat	ture Date
	J			Dutc

For joint accounts, all depositors must sign if more than one signature is required on a cheque issued against this account.