

St. John Bosco Parish
Pre-Authorized Debit for Regular Sunday Offering

Parishioner Information (*Please print clearly*)

Name: _____

Address: _____

Telephone: _____ Offertory Envelope # (*if applicable*) _____

Pre-Authorized Debit (PAD) Details

Type of Service: (*check one*) Personal Business

I/We authorize St. John Bosco Parish for either weekly or monthly offering to debit my/our bank account (VOID cheque attached).

Weekly \$ _____ on each Monday of the month OR

Bi-Weekly \$ _____ on the 15th and the 28th of the month

As Payor, you may change or revoke your authorization at any time in writing subject to providing notice of 30 days. To obtain a sample cancellation form or for more information on your right to cancel a PAD agreement, contact your financial institution or visit: www.cdnpay.ca.
As Payor, you agree that any charges incurred for non-sufficient funds (NSF) in your account will be paid by you.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: _____
(*Please print*)

Name: _____
(*Please print*)

Date: _____

Date: _____

As Payor, you have certain recourse rights if any debit does not comply with this agreement. For example you 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 recourse rights, contact your financial institution or visit www.cdnpay.ca.)

Please return completed form with the VOID cheque to the Parish Office. Thank you.

St. John Bosco Parish
175 Windsor Drive
Brockville, ON K6V 3H8
Phone: 613-342-5095 Fax: 613-342-5243 Email: sjbparish@bellnet.ca