



# St. Mary's Parish

6 McMillan Avenue  
 Red Deer, Alberta, T4N 5X8  
 Ph. 403 347 3114 Fax 403 346 5115  
 st-marys@shaw.ca

## Pre-Authorized Debit (PAD) Agreement

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email \_\_\_\_\_

**I want to support St. Mary's Catholic Parish through Pre-Authorized donations.  
 You may choose any amount, here are some examples:**

Per month	\$50	\$75	\$100	\$150	\$200
approximately	\$11.50/week	\$17.00/week	\$23.00/week	\$34.50/week	\$46.00/week

### How would you like your donation used?

General Funds \$ \_\_\_\_\_ Building Fund \$ \_\_\_\_\_

Together We Serve \$ \_\_\_\_\_ Youth \$ \_\_\_\_\_

Total Donation Amount \$ \_\_\_\_\_

**YES! I have attached a void cheque or banking document with my account information!**

Debit my account on the:

1 <sup>st</sup> day of each month	15 <sup>th</sup> day of each month.
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**This donation is made on behalf of:** \_\_\_\_\_ **an Individual** \_\_\_\_\_ **a Business**

**In addition to my PAD, I also require a set of envelopes**  **YES**  **NO**

I may revoke my authorization at any time, subject to providing notice of *ten days*. 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](http://www.cdnpay.ca).

Signature of Account Holder:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*(Please Print)*

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).