



PRE-AUTHORIZED PAYMENT FORM

Parishioner's Name and Address – Please print clearly:

I/We warrant and represent that the following information is accurate:

Surname: _____ First Name: _____

Surname: _____ First Name: _____

Address: _____ Postal Code: _____

Name of Your Financial Institution: _____

Address: _____

I/We will inform the Payee (Sacred Heart Parish), in writing, **of any change** in the information provided in this section seven days prior to the next due date of the Pre-Authorized Deposit herein referred to as "PAD".

Payee Information: **Sacred Heart Parish**

PO Box 10, 3900 Arthur Drive / Delta, BC / V4K 3N5

I / We acknowledge that the authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.

I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization below.

I /We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule 114 for the Rules of the Canadian Payments Association (The "PAD") drawn on the Account for donations to the Parish.

I/We may cancel the Authorization at any time upon providing written to the Payee.

I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.

The Payee may issue a PAD on the _____ day of each _____ (Month / Quarter/ Year) in a dollar amount of \$_____ beginning ____ (Month), ____ (Year).

I/We agree that the information contained in the Authorization may be disclosed to the Bank of Montreal as required to complete any PAD transaction.

I/We understand accept the terms of participating in this PAD plan.

_____ Date: _____

Signature

_____ Date: _____

Signature

PLEASE ATTACH A CHEQUE MARKED "VOID" TO THIS FORM.

PRE-AUTHORIZED PAYMENT CHANGE FORM

Parishioner's Name – Please print clearly:

I/We request that our current PAP be **modified** as per the following information:

Surname: _____ First Name: _____

Surname: _____ First Name: _____

Current PAP amount: _____

New / Replacement amount: _____

New / Replacement payment frequency: _____

New / Replacement payment withdrawal date (if the same as current no information needed): _____

Effective change date (MM/DD/YYYY): _____

Name of Your Financial Institution: _____

I/We understand accept the terms of participating in this PAD plan.

_____ Date: _____

Signature

The contained information is for office use only. It will be held private and confidential.

You have certain recourse rights if any debit does not comply with these terms. 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.

To be completed by Sacred Heart Parish personnel only:

Date submitted to Sacred Heart Parish: _____ (MM/DD/YYYY)

Date submitted to Bank of Montreal: _____ (MM/DD/YYYY)