

Direct Withdrawal / Pre-Authorized Debit Signup

St. John the Evangelist Catholic Parish

Date: _____

I want to support St. John the Evangelist Catholic Parish through monthly donations.

Please debit my bank account: (attach VOID cheque)

___ \$25 ___ \$50 ___ \$100 ___ \$200 ___ \$400 Other Amount _____ (specify)

Please direct my **monthly** donation as follows: (specify amount below)

General Fund: _____

Bishop's Appeal: _____

Building Fund: _____

Special Collections: _____

If left unspecified the donation will go towards the general fund. The first debit is targeted for February 15th, 2011 and will recur on the 15th, or next business day, of every month thereafter.

Signature: _____

Donor Name (please print): _____

Envelope Number (if you already have one): _____

Address/Contact Information: _____

This donation is made on behalf of: _____ an Individual _____ a Business

I may revoke my authorization at any time by providing written notice, subject to providing notice of 30 days. To obtain a 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.

St. John the Evangelist Catholic Parish
11138 Hidden Valley Dr. NW
Calgary, Alberta, T3K 4X4
Tel: (403) 275-6500
Fax: (403) 275-6507
E-mail: office@stjohnsparish.ca

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.

Parish Office: Completed forms to be kept in secure file.