

St. Joseph's Catholic Parish

573 Simcoe Street, Box 179
Beaverton, On. L0K 1A0

e-mail st.joseph.church@rogers.com
Phone 705 426 7424

PRE-AUTHORIZED GIVING (Pre-Authorized debit)

- Yes, I wish to donate to St. Joseph's Parish through pre-authorized giving.
- I have attached a voided cheque for the account I wish the donations taken from.
- I have checked off the collection to and the amounts which I wish to donate on the back of this page.
- I am aware that the total amount of donations for each month will be withdrawn from my account on the 19th of that month and that I will receive a tax receipt for all the donations made at the end of the year.
- I am already using pre-authorized giving for my "Offertory" donations. I understand that this new form will replace my existing "Offertory" commitment.

This form, with attached voided cheque, may be placed in the Sunday Collection basket or mailed/delivered to the parish office at 573 Simcoe Street, Box 179, Beaverton, ON L0K 1A0.

I may revoke my authorization at any time, subject to providing notice of 15 days. Please call the church office at 705 426 7424 or e-mail at st.joseph.church@rogers.com for a cancellation form, or for more information on my right to cancel a PAD (pre-authorized debit), I may contact my financial institution or visit www.cdnpay.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 the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cnpay.ca

(continued on back)

St. Joseph's Catholic Parish - PRE-AUTHORIZED GIVING

Total Offertory Donations for the year - \$ _____

January	July
Offertory _____	Offertory _____
February	August
Offertory _____	Offertory _____
March	September
Offertory _____	Offertory _____
April	October
Offertory _____	Offertory _____
May	November
Offertory _____	Offertory _____
June	December
Offertory _____	Offertory _____

I/We hereby authorize the Pastor of St. Joseph's Parish to debit my/our account on the <u>19th day of each month</u> as shown above.	
Name/(s) of Parishioners/(s):	
Address:	
Name of Bank/Trust Company/Credit Union:	Branch _____
	Account Number _____
Please attach a "VOID" cheque)	Date:
Signature of Parishioners(s):	