

**THE ROMAN CATHOLIC EPISCOPAL CORPORATION FOR  
THE DIOCESE OF SAULT STE. MARIE IN ONTARIO. CANADA.**

**THE PRE-AUTHORIZED DONATION PROGRAM (PADP)  
PAYOR'S PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**

**1. Payee Information**

Parish: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_

**2. Payor Information (Please Print Clearly)**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_

**3. Please debit my bank account: (attach VOID cheque)**

**Sunday Collection**

A **weekly** PAD of \$ \_\_\_\_\_ Withdrawal done every Monday  
A **monthly** PAD of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of the month

**Parish Building Fund**

A **weekly** PAD of \$ \_\_\_\_\_ Withdrawal done every Monday  
A **monthly** PAD of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of the month  
A **yearly** PAD of \$ \_\_\_\_\_ Withdrawal done on the first Monday in  
December (no exception)

**Please indicate the donation amounts (once a year donation):**

**Special Collections**

Native Sector \$ \_\_\_\_\_  
Share Lent – Dev. & Peace \$ \_\_\_\_\_  
Needs of the Church in Holy Land \$ \_\_\_\_\_  
Ministry Formation \$ \_\_\_\_\_  
Pope's Pastoral Works \$ \_\_\_\_\_  
Needs of the Church in Canada \$ \_\_\_\_\_  
World Mission Sunday \$ \_\_\_\_\_  
Canadian Mission Initiative \$ \_\_\_\_\_

**For the Feasts of**

New Year's Day \$ \_\_\_\_\_  
Easter \$ \_\_\_\_\_  
Christmas \$ \_\_\_\_\_

The pre-authorized debit indicated in this agreement is a personal donation to a parish of the Roman Catholic Episcopal Corporation For The Diocese of Sault Ste. Marie, in Ontario, Canada named above.

I/We may revoke my/our authorization at any time, subject to providing written notification at least ten (10) business days before the next debit is scheduled to the payee. Please contact the payee for a cancellation form. To obtain more information on my rights to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the rights 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/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

This agreement will supersede any previous PAD agreement, making any and all previously filled agreements nil and void.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### CANCELLATION NOTICE

I/We, \_\_\_\_\_ (payor name), cancel my/our authorization to issue a personal pre-authorized debit as a donation to the above named parish effective on \_\_\_\_\_ (date).

I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date