



COMMITMENT TO PARISH LIFE

YES! I want to support St. Julia Church through monthly Pre-Authorized Debit (PAD) donations.

I/We would like to contribute

\$ _____ Monthly Beginning in the month of _____

The debit will take place on the 5th day of each month (or on the next business day)

This monthly donation is made on behalf of: _____ an individual _____ a business

Please attached a VOID cheque

Name	
Street Address	
City	
Province	
Postal Code	
Home / Cell Phone #	
Email	
Envelope #	

Date: _____ Signature of account holder: _____

Date: _____ Signature of joint account holder: _____

I/We may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancelation form, or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca.

I/We 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.

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