

Pre-Authorized Debit

The undersigned hereby authorizes The Archdiocese of Halifax to draw cheques or prepared debits, by paper or electronic entry, covering payments by the undersigned to _____ Parish in the amount of \$ _____ (per month)

This payment shall be taken:

✚ Monthly: 15th

✚ Payment begins: _____

✚ If you wish a termination date for the donation, please enter it here _____

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

1. All amounts payable to the parish drawn on or directed to you by a chartered bank on behalf of the Archdiocese of Halifax.
2. This authorization may be cancelled at any time upon at least **10 days** written notice.
3. You have certain recourse rights if any debit does not comply with this agreement. You have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement.
4. Any delivery of this authorization to you constitutes delivery by the undersigned.
5. For more information, visit the Canadian Payments Association website at <http://www.cdnpay.ca/>

For more information or questions, please contact:

Saint Mother Teresa of Kolkata Church

motherteresaparish.halifax@gmail.com

902-454-5835 ext 201

Please attach a specimen cheque marked 'VOID'

OR

complete the following information:

If your cheque has all current mailing addresses / banking information, there is no need to fill in duplicate sections below.

First Name(s): _____

Initial(s): _____ (if applicable)

Last Name: _____

Full Mailing Address: _____

Telephone Number: _____

Email Address: _____ (if available)

The Undersigned Financial Institution is Hereby Authorized to Pay and Debit the
Account of the Undersigned.

Name of Financial Institution: _____

Branch Address: _____

Bank ID# (3 digits):

Branch # (5 digits):

Bank Account#

Account Type: Chequing Savings

✚ For a joint account, all depositors must sign if more than one signature is required on cheques issued against this account.

✚ I may revoke my authorization at any time, subject to providing notice of 10 days.

Date: _____

Signature #1: _____

Signature #2: _____