

Pre-Authorized Debit Plan
Authorization of the Payer to the Payee to Direct Debit an Account
St. Benedict Parish (Payee)
1069 Kelman Court, Milton, ON L9T 2W3

1. Please complete all sections in order to make payments directly from your account.
2. Please read and sign the Terms and Conditions attached to this document.
3. Return the completed form with a blank cheque marked "Void" to the parish office.
4. If you have any questions, please email, stbenedictmilton@gmail.com or call our Parish office at 289-878-3118.

Personal Information (Please Print)

All Information Strictly Confidential

Address:	
City:	
Postal Code:	Telephone:
Signature of Account Holder(s):	
Email:	

PAD DETAILS

Type of Payment: Personal Business (Check One Please)

I/We (the "**Undersigned**") hereby authorizes and directs St. Benedict Parish (the "**Payee**") to debit the financial institution designated on the attached void cheque (or any other financial institution the Undersigned may authorize at any time) for payments owing by the Undersigned to the payee on account of the Contract.

The Undersigned hereby waives its right to receive pre-notification from the Payee of the amount of any debit authorized by this agreement and further agrees that it does not require 10-day advance notice of the amount of any debit authorized by this agreement before such debit is processed by the Payee.

The authorization is to remain in effect until the Payee has received written notification for the Undersigned of its change or termination. This notification must be received at least (15) business days before the next debit is scheduled at the address provided above. The Undersigned may obtain a sample cancellation form, or more information on the Undersigned's right to cancel a PAD Agreement at the Undersigned's financial institution or by visiting www.cdnpay.ca. The cancellation of the authorization given by the Undersigned by this agreement will not relieve or otherwise affect the obligations of the Undersigned to the Payee.

The Undersigned has certain recourse rights if any debit does not comply with this agreement. For example, the Undersigned has the right to receive reimbursement from any PAD that is not authorized or is not consistent with this agreement. To obtain more information on recourse rights of the Undersigned, the Undersigned may contact its financial institution or visit www.cdnpay.ca.

Signature: _____

Date: _____

Name: _____

(See reverse)

I authorize St. Benedict Parish to withdraw from the stipulated account \$ _____ beginning January 1, 2014.

Monthly on the **1st** OR **15th** of the month (Circle One)

Special Collections

To have special collections debited also, please check off the dates below. The same regulations regarding notification of cancellation are the same as previously stated on this form. Please allow (15) business days before the next debit is scheduled for us to make the necessary changes.

These amounts are debited on the Tuesday, following the collection in the parish.

Purpose	Amount	When Debited
<input type="checkbox"/> Building Fund	_____	Monthly 1 st ___ 15 th ___
<input type="checkbox"/> January 1, Mary Mother of God	_____	January
<input type="checkbox"/> Seminary Education*	_____	February
<input type="checkbox"/> Share Lent*	_____	March
<input type="checkbox"/> Good Friday*	_____	April
<input type="checkbox"/> Easter Offering	_____	April
<input type="checkbox"/> Pope's Pastoral Works*	_____	May
<input type="checkbox"/> Needs of the Canadian Church*	_____	September
<input type="checkbox"/> Evangelization of Peoples*	_____	October
<input type="checkbox"/> Annual Mission Cooperative Appeal*	_____	Floating Date Once Per Year
<input type="checkbox"/> Christmas Offering	_____	December

***Diocesan collections will remain the same from year to year, unless otherwise stipulated.**

TO AVOID CONFUSION, IF YOU USE PRE AUTHORIZED DEBITING, PLEASE DISCONTINUE THE USE OF YOUR OFFERING ENVELOPES.

PLEASE REMEMBER TO ATTACH A VOIDED CHEQUE ON THE ACCOUNT FROM WHICH YOU WANT THE FUNDS WITHDRAWN

Thank you for supporting our parish through pre authorized debiting.

- Entered into DEFT system by _____
- Copy of forms sent to payer on _____
- Beginning Date for PAD _____ For Office Use: