

# DIOCESE OF PETERBOROUGH

## PRE-AUTHORIZED GIVING PLAN

Questions? Call the Parish or the Diocesan Pastoral Centre (705-745-5123)  
or e-mail: (aa@peterboroughdiocese.org)

(Please print)

I want to support \_\_\_\_\_ (Parish Name) through pre-authorized payments.

I/we \_\_\_\_\_ hereby authorize \_\_\_\_\_ (Parish Name) Church to withdraw the amounts specified below beginning (insert date) \_\_\_\_\_ from my/our account and deposit said funds to the general account of (Parish Name), ON, in lieu of Sunday Offertory Envelopes, **a voided cheque is enclosed.**

Offertory can be withdrawn from your account once or twice per month according to your instructions here:

Please debit my account on the 15<sup>th</sup> monthly for Offertory \$ \_\_\_\_\_

Please debit my account on the 30<sup>th</sup> monthly for Offertory \$ \_\_\_\_\_

Optional – donations for Special Collections will be withdrawn from your account on the 15<sup>th</sup> of the month, specified below:

Please debit my account on the 15<sup>th</sup> of the specific month for the following Special Collections:

Other Lenten charities (Feb)	\$ _____	Diocesan Special Collection (July)	\$ _____
Share Lent (Feb)	\$ _____		
Good Friday (March)	\$ _____	Vocations, Youth & Marriage/Family (August)	\$ _____
Easter (April)	\$ _____	Needs of the Canadian Church (September)	\$ _____
Papal Charities (May)	\$ _____	World Missions (October)	\$ _____
Retired Priests' Fund (June)	\$ _____	Christmas (December)	\$ _____

**I/ we understand changes and/or cancellation must be made in writing no later than the last day of the month prior to the required cancellation date i.e. If PAP is to be cancelled for the month of July, notice must be received in writing no later than June 30.**

\_\_\_\_\_  
(Account Holder Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Joint account co-signature)

\_\_\_\_\_  
(Parish Priest Signature)

\_\_\_\_\_  
(Date)

### Your information

Name(s) on Bank Account \_\_\_\_\_

Office use only

Home phone \_\_\_\_\_ Other phone \_\_\_\_\_

Control # \_\_\_\_\_

Home address \_\_\_\_\_  
Address town postal code

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_  
address town postal code

Bank number \_\_\_\_\_ Branch \_\_\_\_\_

Bank account number \_\_\_\_\_

**PLEASE ATTACH A VOID CHEQUE**

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 this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).