

ST. MOTHER TERESA SYRO-MALABAR CATHOLIC CHURCH

1 Stapledon Crescent, Ottawa, Ontario, K2H 9L1

Tel: +1-613-667-3135

E-mail: syromalabarottawa@gmail.com

Website: www.syromalabarottawa.ca

Pre-Authorized Debit Form

Parishioner Information *(Please print clearly)*

Name: _____

Address: _____

Telephone #: _____ Offertory Envelope # *(If applicable)*: _____

Pre-Authorized Debit (PAD) Details

Type of Service (Tick one) Personal Business

I/We authorize St. Mother Teresa Syro-Malabar Catholic Church to debit my/our account (voided cheque attached).

1. Contribution towards Spiritual & Temporal needs \$ _____

2. Contribution towards Building fund \$ _____

Total Monthly \$ _____ on the 1st of every month OR the 15th of every month

As payor, you may change or revoke your authorization at any time in writing subject to providing notice of 30 days. To obtain a sample cancellation form or more information on your right to cancel a PAD agreement, contact your financial institution or visit www.payments.ca

As a Payor, you agree that any charges incurred for non-sufficient funds (NSF) in your account will be paid by you.

1. Signature of the Account Holder:

2. Signature of the Joint Account Holder: *(If applicable)*

Name: _____
(Please Print)

Name: _____
(Please Print)

Date: _____

Date: _____

As Payor, you have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement.

[Please return completed form with a voided cheque in a sealed cover to the respective unit leader.]