

MY INFORMATION

| | | | |
|----------------|--|-----------------|-------------|
| Name | | Envelope Number | |
| Street Address | | | |
| City / Town | | Province | Postal Code |
| Phone | | Email | |

MY DONATION DETAILS

| | | | | | | |
|--|-----------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|----|
| Amount to be withdrawn each month: | | \$ | | | | |
| Allocate Funds | Operating Fund | \$ | Building Fund | \$ | Together In Action | \$ |
| | Youth Ministry | \$ | St. Vincent | \$ | Other | \$ |
| Frequency at which payments are to be taken | | <input type="checkbox"/> | 15th of the Month | <input type="checkbox"/> | 30th of the Month | |
| Withdrawals to Commence on: | | | | _____ of _____ 20____ | | |

HOW I WILL PAY

My Payment will be by Bank Debit (attach a void cheque)

OR

My Payment will be by Credit Card Visa MasterCard

| | | | | | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|
| Name on Credit Card | | | | | | | | | | | EXPIRY | | | |
| Credit Card Number: | | | | | | | | | | | | | | |

AGREEMENT

I authorize St. James Parish to withdraw from my account for the amount stated in this agreement.

- The withdrawal will be presented to my account on the date specified each month or the next business day;
- Tax receipts will be issued annually for the total of monthly donations made in each calendar year.
- The standard Pre-notification clause is waived by both parties;
- I (the Donor) may revoke my authorization at any time, subject to providing notice to the St. James Parish (contact information below). *NOTE: Cancellation notice must be provided 10 days prior to a scheduled withdrawal. To obtain a sample cancellation form, or further information on your right to cancel a PAD Agreement, contact your Financial institution or visit www.cdnpay.ca;*
- I (the Donor) 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 the PAD Agreement. *NOTE: To obtain more information on your recourse rights, contact your financial*

Place and Date

| | |
|-----------------|--|
| _____ | _____ |
| Donor Signature | Second Donor Signature (Joint Account) |
| _____ | _____ |
| Print Name | Print Name |

St. James Parish ~ 338060-32nd Street East (Site 7 Box 41 RR 2) ~ Okotoks ~ Alberta ~ T1S 1A2
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