



St. Peter's Parish

Ph. 519-524-8174 Fax: 519-524-2871

E-mail: stpetersqh@dol.ca

Payor's Pre-Authorized Debit Agreement And Terms and Conditions

Name(s) _____

Address _____

Signature(s) _____

Bi-weekly Pledge Amount \$ _____ for the year **20** _____

Terms and Conditions

You agree to participate in this pre-authorized debit plan and authorize St. Peter's Parish to draw a debit electronically from your account as indicated on the reverse side of this form. This agreement and your authorization are provided for the benefit of St. Peter's Parish and your financial institution and are provided in consideration of your financial institution agreeing to process debits against your account in accordance with the rules of the Canadian Payments Association.

You may revoke or cancel this agreement at any time upon notice being provided in writing.

You agree that your financial institution is not required to verify any personal PAD including the amount, frequency nor fulfillment of any purpose of any PAD.

You agree that all information provided with the respect to your account is accurate and agree to inform St. Peter's, in writing, of any change of information within 10 business days prior to the date of the next due date.

You warrant and guarantee that all persons whose signatures are required to sign on the account have signed this agreement.

PLEASE COMPLETE ALL SECTIONS ON THE ATTACHED FORM