



The Good Shepherd Parish

The Good Shepherd Parish is a Catholic community rooted in the Gospel where all are invited to encounter Christ, grow in holiness, and proclaim His Good News to the world.

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Pre-Authorized Contribution (PAC) Form

I authorize *The Good Shepherd Parish* and the designated financial institution (or any other financial institution I may authorize at any time), to begin deductions, as per my instructions, for monthly regular recurring offertory contributions. Regular monthly payments for the full amount of \$ _____ will be debited from my specified account on the 1st or 15th day (circle one) of each month.

This authority is to remain in effect until *The Good Shepherd Parish* has received written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I may obtain a sample cancellation form or more information on my right to cancel a PAC that is not authorized or is not consistent with this PAC by contacting my financial institution or by visiting www.cdnpay.ca.

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 PAC that is not authorized or is not consistent with this PAC agreement. To obtain a Reimbursement Claim Form, or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

PLEASE PRINT

Full Name(s): _____

Address: _____

City/Town: _____ Postal Code: _____

Home Tel: _____ Mobile Tel: _____

I wish to donate each month: \$100.⁰⁰ \$50.⁰⁰ \$25.⁰⁰ Other \$ _____

METHOD OF PAYMENT

Visa MasterCard *Credit Card #* _____ *Expiry Date* _____

Bank: Financial Institution (FI): _____

FI Address: _____

City/Town: _____ Postal Code: _____

FI Account Number: _____ FI Transit Number: _____

(FI: 3 digits; Branch: 5 digits)

Signature: _____ Date _____ Parish Envelope # _____