

# SACRED HEART PARISH

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# Pre-Authorized Debit (PAD) Agreement

Please complete all the sections on the form. Save and print a copy of the form, then sign on the *Signature* line near the bottom. Please return the completed and signed form to the Parish Office for processing.

Date: \_\_\_\_\_

This donation is made on behalf of:      An Individual      A Business

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

I want to support Sacred Heart Parish through a monthly donation. Please debit my bank account:

(Please complete the following banking information or you may attached a VOID cheque)

Bank No: \_\_\_\_\_ Branch No: \_\_\_\_\_ Account No: \_\_\_\_\_

Please direct my donation as follows:

Amount for the Building Fund: \_\_\_\_\_

Amount for Parish Operations: \_\_\_\_\_

**Total Amount of Donation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

The debit will be processed to your account on  
the first **Wednesday** of each month or the next business day.

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)

I have certain recourse rights if my 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. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)