

**THE DIOCESE OF NIAGARA**  
**PRE-AUTHORIZED DEBIT (PAD)**  
**AUTHORIZATION FORM**

Please choose one:

NEW    INCREASE    DECREASE    CHANGE BANKING    CANCEL

Parish Name & City: \_\_\_\_\_

Parishioner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please attach a voided CHEQUE if it is a NEW account or CHANGING BANK INFO:

**Payments can be taken on any numerical day of the month. Please indicate which day(s) you prefer.**

I/we hereby authorize the "Diocese of Niagara" to debit my/our bank account each month on the \_\_\_\_\_ of the month in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_.  
(date(s)) (Parish Code)

This donation is made on behalf of:  an individual    a Business

**This authorization is to remain in effect until The Diocese of Niagara has received written notice from me/us of its change or termination. Please note that we must receive the change or termination by the 18th of the month in order for it to take effect for the following month. In an emergency the PAD can be recalled or stop payment with a 24 hour notice. 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 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 this 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).**

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

**Please mail to:** The Diocese of Niagara  
Attn: Kim Waltmann  
252 James Street, North  
Hamilton, ON L8R 2L3

**Or fax to:** 905-527-0963  
Attn: Kim Waltmann