

_____ - _____

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.

Start date _____ to Stop date: _____

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.payments.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.payments.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

Or email to kim.waltmann@niagaraanglican.ca