

Pre-authorized Debit (PAD) Agreement

Holy Ghost Church

Date: _____

I want to support Holy Ghost Church through monthly donations.

Please debit my bank account: (*attach VOID cheque*)

____ \$25 ____ \$50 ____ \$75 ____ Other _____

The debit will be processed to your account on the ____ 15th ____ 30th day of each month or the next business day.

Signature: _____

Donor Name: _____

Address/Contact Information: _____

These services are for (check one) ____ Personal ____ Business Use

I may revoke my authorization at any time, subject to providing 30 days' notice in writing. 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.

Mailing Address: Holy Ghost Church
341 Selkirk Avenue
342 Pritchard Avenue
Winnipeg, Mb R2W 2J3
E-mail: parish@holyghost.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
