

PRE-AUTHORIZED PAYMENT FORM

Parishioner's Name and Address – Please print

I/We warrant and represent that the following information is accurate:

Surname: _____ First Name: _____

Surname: _____ First Name: _____

Address: _____ Postal Code: _____

Name of Your Financial Institution: _____

Address: _____

I/We will inform the Payee (Sacred Heart Parish), in writing, of any change in the information provided in this section seven days prior to the next due date of the PAD (1st of the month).

Payee Information: Sacred Heart Parish
PO Box 10, 3900 Arthur Drive
Delta, B.C. V4K 3N5

I/We acknowledge that the authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against my/our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.

I/We warrant and guarantee that all persons whose signatures are required to authorized withdrawals from the Account have signed the Authorization below.

I/We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule 114 for the Rules of the Canadian Payments Association (The "PAD") drawn on the Account for donations to the Parish.

I/We may cancel the Authorization at any time upon providing written or verbal notice to the Payee.

I/We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by me/us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by me/us.

The Payee may issue a PAD on the _____ day of each _____ in a dollar
amount of \$ _____ beginning _____, _____
Month Year

I/We agree that the information contained in the Authorization may be disclosed to the Royal Bank of Canada as required to complete any PAD transaction.

I/We understand accept the terms of participating in this PAD plan.

_____	Date: _____
Signature of Account Holder	
_____	Date: _____
Signature of Account Holder	

You have certain recourse rights if any debit does not comply with these terms. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.

PLEASE ATTACH A CHEQUE MARKED "VOID" TO THIS FORM