

Pre-authorized Debit (PAD) Agreement

St. Croix Catholic Parish

Date: _____

407 Milltown Blvd.
St. Stephen, New Brunswick E3L 1J5
Tel: 506-466-6043 Fax: 506-466-2579
E-mail: parish@nb.aibn.com

I want to support St. Croix Catholic Parish through Donations by pre-authorized Debits
Please check one site

St. Stephen`s Church _____ St. Andrew`s Church _____

Please debit my bank account, (attach VOID cheque) by \$_____

The debit will be processed to your account in the following manner (please choose one)

- Weekly (every Friday) _____
- Bi-weekly (every other Friday) _____
- Bi-Monthly (1st & 16th) _____
- Monthly (first day) _____

Signature: _____

Donor Name: (please print) _____

Address/Contact Information

This donation is made on behalf of: _____ an Individual _____ a Business

I may revoke my authorization at any time, subject to providing a phone call to the church office or 15 days written 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.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement of 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