

ST STEPHEN PROTOMARTYR UKRAINIAN CATHOLIC CHURCH

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Date: _____

I want to support St Stephen's through twice monthly donations.

Please debit my bank account: (attach VOID cheque)

Twice Monthly Amount: \$ _____ (please specify)

Authorization: _____ (please sign)

The debit will be processed to your account on the 8th and 22nd of each month or the next business day.

Donor Name: _____

Mailing Address: _____

St. Stephen Regular Sunday Donation Envelope Number _____

Phone Number: _____

Email Address: _____

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

St Stephen Protomartyr Ukrainian Catholic Church
4903 – 45 St. S.W.
Calgary, AB T3E 3W5
403-249-4818

Cancellation of Agreement:

I may revoke my authorization for the above twice monthly debit at any time, subject to providing written notice of 30 days to St Stephen's. 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.

Recourse Statement:

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