



St. Mother Teresa Syro-Malabar Parish

Niagara Falls

1. Donor Information:

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ E-mail Address: _____

2. Bank Account Information:

Parish Envelope# _____

Financial Institution Name: _____

Account Number: _____

Transit Number (5Digit): _____

Financial Institution Number (3 Digits): _____

Chequing Account: Savings Account:

3. Pre-Authorized Debit (PAD) Details

I want to support St. Mother Teresa Syro Malabar Catholic Parish through Bi Weekly _____ or Monthly _____ donations.

Please debit my bank account (attach void cheque)

\$20 _____ \$30 _____ \$50 _____ \$75 _____ \$100 _____ Other Amount _____ (Please specify).

1. You have certain recourse rights if any debit does not comply with this agreement. 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.

2. You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature _____

Date: _____