

The Diocese Of Niagara
Pre-authorized Payment Plan
Authorization Form

New PAP donor

Current PAP donor

These changes are to take effect

As soon as possible

To begin in the month of _____ 20__

Change withdrawal amount

Change withdrawal date

Change banking information

Cancel

Parish Name: St. Christopher's, Burlington

Name: _____

Address: _____

City: _____ Postal Code: _____

Please attach voided cheque in this area

(If you are already using PAP, and your banking information has not changed, a voided cheque is not required.)

Payments can be taken on any numerical day of the month. Please indicate which day(s) you prefer.

I/we hereby authorize you to debit my/our account in the amount of \$ _____ on the _____ day of each month payable to the Diocese of Niagara for St. Christopher's, Burlington.

This authorization is to remain in effect until The Diocese of Niagara has received written notice from me/us of its change or termination. Please note that we must receive the change or termination by the 12th of the month in order for it to take effect for the following month. In an emergency the PAD can be recalled or stop payment with a 24 hour 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.cdnipay.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.cdnipay.ca.

Date: _____ Signature: _____