



CURRENT CHURCH OPERATION – ST. ISIDORE PARISH

PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED BANK DEBIT for 2019

1. Payor's Name and Address: I / We warrant and represent that the following information is accurate.

Mr. Mrs. Ms. Miss	Surname	First Name
e-mail address for electronic receipt		Telephone #
Street	City	Postal Code

Section 1.A. (Fill in ONLY if authorizing debits from a BANK ACCOUNT)

Name of Payor's Financial Institution	Account#
Street	City & Province

I / We have attached a specimen cheque marked VOID to this payor authorization (the Authorization). I / We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

2. Payee's Name and Address:

Name of Payee (the Payee)	Charitable Registration #	
St. Isidore Parish Operating Account	119080 47880 RR001	
Street	City	Postal Code
PO Box 118	Plamondon, AB	T0A 2T0

3. 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.

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

5. I / We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the PAD) drawn on the Account, for the following purposes:

Donation to the St Isidore Parish Operations Account for the day to day expenses of the parish.

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

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

8. The Payee will provide to me / us, at the address provided in section 1:

- a. with respect to fixed amount PADs, no written notice of the amount to be debited (the Payment Amount) and the date (s) on which the Payment Amount debited will be posted to my / our Account (the Payment Date), are required. As well, no notice is required when there is a change in the Payment amount or the Payment Date(s) negotiated by me and the Payee;
- b. with respect to variable amount PADs, no written notice of the Payment Amount and the Payment Date(s), are required; and
- c. with respect to a PAD plan that provides for the issuance of a PAD in response to a direct action of mine/ours (such as, but no limited to, a telephone instruction) requesting the Payee to issue a PAD in full or partial payment of a billing received by me/us for a payment obligation that meets the requirements of Section 2 of Rule H4, no notice is required.



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9. **The Payee may issue a PAD for (check all that apply)** **Bank Debit 2019 ... 2**

___ A monthly donation of \$_____ for ___ months ending December 31, 2019	(unless discontinued earlier.)

9.a **Special Collections - schedule of dates and payments (listed below).**

Date	Occasion	Amount
January 1, 2019	Feast of Mary, Mother of God (New Years Day)	
February 10, 2019	Catholic Missions in Canada	
March 17, 2019	Camp St. Louis	
April 7, 2019	Development & Peace / Share Lent	
April 19, 2019	Needs of Canadian Church in the Holy land	
May 12, 2019	Vocations – Good Shepherd Sunday	
May 26, 2019	The Pope Pastoral Works	
June 23, 2019	Family Ministries	
Sept. 29, 2019	Needs of the Church in Canada	
Oct. 20, 2019	World Mission Sunday	
Nov. 10, 2019	Youth Ministries	
Dec. 25, 2019	Christmas Offering	

10. I/We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honoring a PAD issued or caused to be issued by the Payee on the Account.

11. **I / We may dispute a PAD only under the following conditions:**

- a) the PAD was not drawn in accordance with the Authorization;
- b) the Authorization was revoked.

I / We acknowledge that when disputing any PAD beyond the time allowed in this section it is a matter to be resolved solely between me / us and the Payee, outside the payments system.

12. I / We agree that the **Confidential** information contained in the Authorization may be disclosed **ONLY** to Alberta Treasury Bank as required to complete any PAD transaction.

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

Authorizing Signature (Please sign in spaces provided)

Name:	Date:
Name:	Date: