

ST. THERESE CATHOLIC CHURCH

3800 COURTICE ROAD NORTH, COURTICE, ON L1E 2L5

PRE-AUTHORIZED OFFERING PLAN

Questions? Call the parish office at 905-436-2126 or e-mail: office@sttheresescourtice.ca

I want to support **ST. THERESE CATHOLIC CHURCH, COURTICE, ON**, through pre-authorized payments.

(Please print)

I/we _____ hereby authorize ST. THERESE Church to withdraw the amounts specified below beginning *(insert date)* _____ from my/our account and deposit said funds to the general account of St. Therese Catholic Church , ON, in lieu of Sunday Offertory Envelopes, **a voided cheque is enclosed.**

Offertory can be withdrawn from your account once or twice per month according to your instructions here:

- Please debit my account on the 15th monthly for Offertory \$ _____
- Please debit my account on the 15th monthly for Special Needs/Renovations \$ _____
- Please debit my account on the 30th monthly for Offertory \$ _____

Optional – donations for Special Collections will be withdrawn from your account on the 15th of the month, specified below:

- Please debit my account on the 15th of the specific month for the following Special Collections:

Other Lenten charities (Mar)	\$ _____	Diocesan Special Collection (July)	\$ _____
Share Lent (March)	\$ _____		
Good Friday (April)	\$ _____	Vocations & Campus Ministry (Aug)	\$ _____
Easter (April)	\$ _____	Needs of the Canadian Church (Sept)	\$ _____
Papal charities (May)	\$ _____	World Missions (Oct)	\$ _____
Priests' Benefit Fund (June)	\$ _____	Christmas (Dec)	\$ _____

I/ we understand changes and/or cancellation must be made in writing.

(Account Holder Signature)

(Date)

(Joint account co-signature)

(Parish Priest Signature)

(Date)

Your information

Name(s) on Bank Account _____

Office use only

Home phone _____ Other phone _____

Control # _____

Home address _____

Address

town

postal code

Bank Name _____

Bank Address _____

address

town

postal code

Bank number _____ Branch _____

Bank account number _____

PLEASE ATTACH A VOID CHEQUE

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.cdnpay.ca.

I may revoke my authorization at any time, subject to providing notice of 30 days. 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.