



PAD dual-112018
510 River Avenue, Winnipeg MB, R3L 0E1
Phone 204 284-5140
Email info@holyrosarychurch.ca

Pre-Authorized Debit (PAD)

Full Name: _____

Full Address: _____

Phone #: _____ Alternate #: _____

Email Address: _____

Banking Information

Name of Bank: _____

Bank Address: _____

Transit # (5 digit): _____ Financial Institution # (3 digit): _____

Account Number: _____

I/We authorize Holy Rosary Church to debit the above bank account for the donations below on the 15th and 30th of each month.

Continue deductions until further notice _____ Send annual reminder for review _____

Signature of Account Holder

Signature of co-account holder

Giving Information

Regular Donation \$ _____ (withdrawn on the 15th and 30th of each month)

Sharing God's Gift \$ _____ (deducted on the 15th and sent to the Archdiocese of Winnipeg)

Donation For	\$
New Year's Day	
Development & Peace – March	
Good Friday	
Easter	
Pope's Pastoral work – May	
Church needs- September	
World mission day – October	
Christmas	
Other: list	

Non-tax Receipt Items	\$
All Souls day - November	
Mass Intentions - List Mass date and time and for whom below:	\$10 per Mass

You the payor may revoke your authorization at any time in writing. Subject to providing 10 day notice. To obtain a sample cancellation form, or for more information on your rights to cancel this agreement contact our financial institution or visit www.cdnpay.ca. 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