

PRE-AUTHORIZED DEBIT PLAN
Authorization of the Payor to the Payee to Direct Debit an Account
St. Andrew Church
47 Reynolds Street, Oakville, ON L6J 3J9

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please read and sign the Terms and Conditions attached to this document.
3. Return the completed form with a blank cheque marked "VOID" to the parish office.
4. If you have any questions, please write, e-mail sta@cogeco.net or call the Parish Office at 905-844-3303.

Personal Information (Please Print)

All Information Strictly Confidential

Payor's Name (s):		
Address:		City:
Postal Code:	Telephone:	Current Envelope Number:
Signature of Account Holder(s):		Date:
E-mail:		

Please Consider the Following

Your sacrificial donations are important to assist in the day to day operations of our parish community. Churches in Canada *do not* receive support from Government Grants or from any other sources – we depend solely on the donations of our parishioners to operate the parish. Your donation helps cover the cost of pastoral programs, educational material, maintenance of parish buildings, staff salaries, heat, hydro, office expenses, etc. Your donations also help us to save so that the parish will be cared for in future generations.

Special Collections help us to fulfill obligations we have toward our Diocesan Church and the Catholic Church in Canada and throughout the world. Your help with these obligations is much needed and appreciated.

Please consider your donation prayerfully and carefully.

Regular Sunday Collection

PLEASE NOTE: Due to service charges paid by the parish for this service, this method is cost efficient for minimum donations of \$20.00 per month or \$5.00 per week. For donations less than this, it is highly recommended that contributors use envelopes.

I authorize St. Andrew Church to withdraw from the stipulated account \$ _____

Weekly Bi-Weekly Monthly (Check one)

Building Fund Collection

In order to fund the significant major repairs and renovations in the Church, Rectory and Parish Centre, we have been collecting separate donations to fund the repairs and renovations as well as to pay off the accumulated debt owing from past repairs and renovations. This donation request is asked on the first of each month.

I authorize St. Andrew Church to withdraw from the stipulated account \$ _____ monthly on the 1st of the month.

SPECIAL COLLECTIONS

I additionally authorize St. Andrew Church to withdraw the following amounts for these Special Collections. These amounts are debited on Tuesday following the collection in the parish.

Purpose	Amount
<input type="checkbox"/> Initial Offering	_____
<input type="checkbox"/> January 1, Mary Mother of God	_____
<input type="checkbox"/> Seminary Education	_____
<input type="checkbox"/> Share Lent	_____
<input type="checkbox"/> Good Friday	_____
<input type="checkbox"/> Easter Offering	_____
<input type="checkbox"/> Pope's Pastoral Works	_____
<input type="checkbox"/> Mission Co-Op	_____
<input type="checkbox"/> Needs of the Canadian Church	_____
<input type="checkbox"/> Evangelization of Nations	_____
<input type="checkbox"/> St. Vincent de Paul	_____
<input type="checkbox"/> Christmas	_____

Value Date for Special Collections will be debited the Tuesday after the collection on the relevant Sunday.

The amounts of the above deductions will remain the same from year to year, unless otherwise stipulated.

Please Note: You may cancel or change this information at any time by calling St. Andrew Parish Office at 905-844-3303. **Please sign the *Terms and Conditions* attached to this form.** We will send a copy of this completed form to you at least 10 days before the first withdrawal. This form is our pre-notification as per Section 6(a) of the ***Terms and Conditions***.

PLEASE REMEMBER TO ATTACH A VOID CHEQUE ON THE ACCOUNT FROM WHICH YOU WANT THE FUNDS WITHDRAWN.

Thank you for supporting our parish through pre-authorized debiting.

For Office Use:

- Entered into PSDP system by _____
- Copy of forms sent to payor on _____
- Beginning Date for St. Andrew _____

**Personal Pre-Authorized Debit Plan
Terms & Conditions**

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes. I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution"). I authorize the Financial Institution to honour and pay such debits. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee. This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.

The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PAD's. I understand that I may obtain a sample cancellation form or further information on my right to cancel a PAD, at my financial institution or at www.cdnpay.ca.

4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement including the amount, frequency and fulfillment of any purpose of any Personal PAD.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. (a) I understand that with respect to:
 - (i) fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days for Paper Agreements (fifteen (15) for Electronic Agreements) before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount of payment date(s);
 - (ii) variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Paper PAD/15 calendar days for Electronic PADs before the due date of the fist Personal PAD; and
 - (iii) fixed amount and variable amount of every Paper and/or Electronic Personal PADs occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.

-OR-

- (b) I agree to either waive the pre-notification requirements in Section 6(a) of this Agreement or to abide by any modification to the pre-notification requirements as agreed to with the Payee.

Signature of Payor

7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account Information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PAD.
9. I understand that I have certain recourse/reimbursement 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. I understand that I may obtain more information on my recourse/reimbursement rights by contacting my financial institution or visit the CPA website at www.cdnpay.ca.
10. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of Rule H1.
11. I understand that a payment service provider will administer the PAD. Bank of Montreal will be administering the PAD.
12. I understand and agree to the foregoing terms and conditions.
13. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
14. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés et signés en anglais.

Name of Account Holder

Signature

Date