

THE DIOCESE OF NIAGARA
PRE-AUTHORIZED DEBIT (PAD) AUTHORIZATION FORM

Please choose one:

NEW INCREASE DECREASE CHANGE BANKING CANCEL

St. Jude's Anglican Church, Oakville

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____

Please attach a voided CHEQUE if it is a NEW account or CHANGING BANK INFO:

I/we hereby authorize the "Diocese of Niagara" to debit my/our bank account each month on the

1st, 8th, 15th, 22nd or 29th of the month in the amount of \$ _____ for St. Jude's (OKSJD)

Please circle which day(s) of the month you prefer.

This Pre-Authorized Debit is made on behalf of: an individual a business

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 18th 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.payments.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.payments.ca

Date: _____ Signature: _____

Please mail to: St Jude's Anglican Church
160 William St.
Oakville, ON L6J 1C5

Or email to office@stjudeschurch.net