

St Mary of the Assumption Church

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I wish to support St. Mary of the Assumption Church through pre-authorized remittances.

Name: _____

Address: _____

City/Province: _____ P.Code: _____

This donation is made on behalf
of: (Please check one)

an individual

a business

Please debit my bank account \$ _____ on the 20th of each month or the first business day following. (Please attach a cheque marked "VOID")

I do have certain recourse rights if any debit does not comply with his 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 30 days notice. To obtain a sample cancellation form or for more information on my right to cancel a PAD agreement, Please contact your financial institution or visit www.cdnpay.ca

Signature: _____ Date: _____