

ST. EDITH STEIN PARISH
PRE-AUTHORIZED MONTHLY DONATION PLAN AGREEMENT BANK DEBIT

I/we authorize St. Edith Stein Parish and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular, recurring payments. Regular monthly payments will be debited to my/our specified account on the 20th (or next working day) of each month.

1. I/we wish to donate each month a total of (check one): \$50 \$75 \$100 other _____
2. Of the total amount, please allocate \$_____ to the "New Church" account
3. I/we wish to receive eGiving cards yes no
4. Please include a blank "void" cheque from your bank account..

This authority is to remain in effect until St. Edith Stein Parish has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business day before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a pre-authorized debit agreement at my/our financial institution or by visiting www.cdnpay.ca .

St. Edith Stein Parish may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any monthly debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: mm/dd/yy _____

Name(s): _____

Address: _____

City/Town: _____ Province: _____ Postal Code _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____
(Branch – 5 digits; FI – 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

St. Edith Stein Parish, P.O. Box 727, Rockland, ON K4K 1L4 ph:613 833-3389 email: finance@stedithstein.net