

PRE-AUTHORIZED MONTHLY DONATION PLAN AGREEMENT BANK DEBIT

(If you wish to make a donation by credit card please use the other form)

I/we authorize Divine Infant 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 last working day of each month.

1. I/we wish to donate each month (check one) :
\$25_____ \$50_____ \$100_____ other \$_____
2. I/we wish to receive donor cards yes _____ no_____
3. Method of payment (including a blank "void" cheque if you select a bank).

This authority is to remain in effect until Divine Infant Parish has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days 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.

Divine Infant 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: _____
Name(s): _____	
	Type of Service: Personal _____ Business _____
Address: _____	
City/Town: _____ Province: _____ Postal Code: _____	
Phone Number: (Bus.) _____ (Res.) _____	
Financial Institution (FI) : _____	
FI Account Number: _____ FI Transit Number: _____ <i>(Branch – 5 digits, FI – 3 digits)</i>	
Financial Institution Address: _____	
City/Town: _____ Province: _____ Postal Code: _____	
Authorized Signature(s): _____	
Divine Infant Parish, 6658 Bilberry Dr., Orleans, ON, K1C 2S9, Tel: 613-824-6822, Fax: 613-834-7459, di_office@rogers.com	