

**Holy Trinity Catholic Church**  
**200 Boundary Road, Spruce Grove, AB T7X 3A5 Telephone: 780-960-0135**

**Pre-authorized Debit (PAD) Agreement**

Please complete all sections below to initiate contributions directly from your account to Holy Trinity Parish.

**\* Please attach a blank cheque marked "VOID."**

Contributor Name(s)		Phone Number (daytime)	
Address	City	Postal Code	
Email address:			
Bank Name		Branch	
For Parish Office Use Only:			
Bank Number	Branch Number	Account Number	

**Regular Sunday Donations**

**Monthly:** Please debit from my (our) account the amount of \$ \_\_\_\_\_ on the first business day of each month beginning \_\_\_\_\_.

**My additional *Building* Donations**

**Monthly:** Please debit from my (our) account the amount of \$ \_\_\_\_\_ on the first business day of each month beginning \_\_\_\_\_.

Please amend my PAD contribution as indicated above  Please discontinue contribution envelopes

This donation is made on behalf of: **D** an Individual    **D** a Business

I (we) may revoke my (our) authorization at any time, subject to providing notice of 10 business days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I (we) may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I (we) 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 any recourse, rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Signature of Account Holder	Date
Signature of Account Holder	Date