



**ST. PATRICK'S PARISH
PRE-AUTHORIZED DEBIT (PAD) AGREEMENT: BANK ACCOUNT DEBIT**

PARISHIONER INFORMATION (PLEASE PRINT LEGIBLY)

Name: _____ Envelope # _____
 Address: _____ Postal Code: _____
 Email: _____ Phone: _____

DEBIT BANK OR CREDIT CARD OPTION (MARK WITH AN 'X' YOUR CHOICE)

BANK DEBIT CARD

DONATION AMOUNT & FREQUENCY

AMOUNT: \$ 00/100 DOLLARS 1st of the MONTH 15TH of the MONTH MONTHLY
 (MARK WITH AN 'X' YOUR CHOICE)

BANK INFORMATION BANK NAME _____

BANK ADDRESS _____

BRANCH# _____ FINANCIAL INSTITUTION # _____ ACCOUNT# _____

CREDIT CARD INFORMATION

CARDHOLDER NAME _____

CREDIT CARD # _____ EXPIRY DATE (MM/YY) _____

AUTHORIZATION

I authorize St. Patrick's Parish to debit my bank or credit card as per my selection marked above; I understand that I can change or cancel my selections at any time by notifying with 30 days the office at St. Patrick's.

Name _____ Signature _____

(BANK ACCOUNT HOLDER OR HOW NAME APPEARS ON DEBIT/CREDIT CARD)

(AUTHORIZED ACCOUNT HOLDER)

FOR BANK DEBIT DONATION, PLEASE ATTACH VOID CHEQUE.

BANK 001

PAY TO THE ORDER OF _____ \$

⑈ 001 ⑈ ⑆ 2345 ⑆ 23 ⑆ 234 ⑆ 234567 ⑈

↓

Cheque
Number

↓

Branch
Number

↓

Institution
Number

↓

Account
Number