

Our Lady of the Rockies Parish, Canmore, AB

Debit Agreement

*The debit will be processed to your account on the **18th day of each month** or the next business day.*

Donor Name		Envelope No.	
Address			
Phone Number			
Signature			

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

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

Our Lady of the Rockies Parish

2 Silvertip Trail
 Canmore, AB T1W 2Z7
 Tel: 1-403-678-5022
 E-mail: rockiesparish@shaw.ca

I 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 my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Please debit my bank account: (attach VOID cheque)

Regular Donation	Amount			
	Start Date		End Date	
TIA	Amount			
	Start Date		End Date	
Building Fund	Amount			
	Start Date		End Date	