

**THE ROMAN CATHOLIC EPISCOPAL CORPORATION FOR
THE DIOCESE OF SAULT STE. MARIE IN ONTARIO. CANADA.**

**THE PRE-AUTHORIZED DONATION PROGRAM (PADP)
PAYOR'S PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**

Thank you for your generosity and your commitment to supporting the mission and ministries of **St. Andrew the Apostle Parish** in Sudbury, Ontario.

Our Pre-Authorized Donation Program (PADP) allows you to make your offering safely, conveniently, and consistently through automatic withdrawals from your bank account. Your participation helps our parish plan responsibly and continues serving our community with faith and compassion.

Please print out and complete the form below. Then deliver or email it to the Church together with a copy of your VOID cheque. All information is kept strictly confidential in accordance with diocesan and banking regulations.

1. Payee Information

Parish: St. Andrew the Apostle Roman Catholic Church
Street: 1250 Barrydowne Road, Sudbury, ON P3A 3V7
Tel: 705.566.1878
e-mail: standrewsudbury@gmail.com

2. Payor Information (Please Print Clearly)

Payor's Full Name: _____

Street: _____ Apt.: _____

City: _____ Postal Code: _____ Tel: _____

3. Please debit my bank account: (attach VOID cheque)

Sunday Collection

A **weekly** PAD of \$ _____ Withdrawal done every Monday
A **monthly** PAD of \$ _____ on the _____ day of the month

Parish Building Fund

A **weekly** PAD of \$ _____ Withdrawal done every Monday
A **monthly** PAD of \$ _____ on the _____ day of the month
A **yearly** PAD of \$ _____ Withdrawal done on the first Monday in December (no exception)

Please indicate the donation amounts (once a year donation):

Special Collections

For the Feasts of

Native Sector	\$ _____	New Year's Day	\$ _____
Share Lent – Dev. & Peace	\$ _____	Easter	\$ _____
Needs of the Church in Holy Land	\$ _____	Christmas	\$ _____
Ministry Formation	\$ _____		
Pope's Pastoral Works	\$ _____		
Needs of the Church in Canada	\$ _____		
World Mission Sunday	\$ _____		
Canadian Mission Initiative	\$ _____		

The pre-authorized debit indicated in this agreement is a personal donation to a parish of the Roman Catholic Episcopal Corporation for the Diocese of Sault Ste. Marie, in Ontario, Canada.

By entering my signature and today's date below, I confirm that:

- I am authorizing St. Andrew the Apostle Roman Catholic Church to withdraw my chosen donation amount from my bank account as a Pre-Authorized Debit (PAD).
- I am the account holder or have signing authority for the account shown on the void cheque I will provide.
- I understand that I may change or cancel this authorization at any time by giving written notice at least ten (10) business days before the next debit is scheduled to the payee.
- I understand that I have recourse rights if a withdrawal is not authorized or does not match this agreement. More information is available from my bank or at www.payments.ca.
- This authorization will remain in effect until I request a change or cancellation.
- This agreement will supersede any previous PAD agreement, making all previously filled agreements nil and void.

Signature

Date

**PAYOR'S PRE-AUTHORIZED DEBIT (PAD) AGREEMENT
CANCELLATION NOTICE**

I/We, _____ (enter payor full name), cancel my/our authorization to issue a personal pre-authorized debit as a donation to the above-named parish effective on _____ (date). I/We acknowledge that this cancellation does not terminate any other obligation that I/we may have with the Payee.

Signature

Date