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 the Parish of St. Christopher – Whitefish; St.Pius X – Lively; St. Stanislaus – Copper Cliff, 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 Office: St. Stanislaus Roman Catholic Church
   Street: 78 Balsam Street, Copper Cliff, ON P0M 1N0
   Tel: 705.682.4683
   e-mail: ststans@eastlink.ca

2. **Church Payor Attends** (Please check one)

   St. Christopher – Whitefish ☐ St. Pius X – Lively ☐ St. Stanislaus – Copper Cliff ☐

3. **Payor Information** (Please Print Clearly)

   Full Name: _____

   Street: _____ Apt.: _____

   City: _____ Postal Code: _____ Tel: _____

4. **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

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

For the Feasts of

New Year's Day	$ _____
Easter	$ _____
Christmas	$ _____

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. Stanislaus 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**