

**PERSONAL AUTO-DEBIT OFFERING FORM**

**New Applicant** (please complete all information)  
 **Change** (please include name and any changes only)

Please Indicate: (Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ P.Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Email: \_\_\_\_\_

**→→→ Please attach a 'voided' cheque and provide banking information:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ P.Code: \_\_\_\_\_

Bank Number: \_\_\_\_\_ Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I/we authorize St. Peter & St. Paul's Anglican Church Ottawa to debit my/our account indicated above, in the amount of \$ \_\_\_\_\_ on the 15<sup>th</sup> day of each month. These payments are to be considered as offerings to St. Peter & St. Paul's Anglican Church Ottawa. I/we would like to designate this amount to:

- General Parish Support Expenses \$ \_\_\_\_\_
  - Building Fund \$ \_\_\_\_\_
  - Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_
- Total to be withdrawn from account \$ \_\_\_\_\_

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay the Church as indicated and to debit the amount specified to my/our account.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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 our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I/we understand that the Bank is not responsible to verify whether these payments are properly debited to my/our account.

I/we may revoke this authorization at any time, by notifying the Parish Administrator in writing prior to the 10<sup>th</sup> day of any given month.

Any delivery of this authorization to St. Peter & St. Paul's Anglican Church Ottawa constitutes delivery by me/us to the Bank designated.

I/we am/are all persons who are required to sign on the above account.

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_