

Regular giving makes a difference

What is PAD?

Pre-Authorized Debit is an automatic withdrawal from your bank account (same as paying utilities bills).

Benefits to you and the Parish

- Convenience. Your offering is received automatically every month;
- Continual support to the Parish even when you are away;
- Regular and dependable flow of contributions all year long;
- Reduction of paperwork/bookkeeping;
- Eases counting of weekly collections;
- Makes budgeting easier and more accurate.

How does it work?

Your bank will be debited automatically on the first Thursday of the month. The withdrawal will be displayed as: The Roman Catholic Bishop, St. James Parish.

How do I participate in PAD?

- Determine your monthly offering by multiplying your weekly offering by 4.33.
- Fill and enclose the signed PAD form (provide a cheque marked "VOID") in an envelope and place in the collection basket or give to the Parish Secretary.

Is there a fee to participate?

No. Parishioners pay no fee to participate.

Can I change my donation amount?

Yes. 30 days' notice is required. Contact the Parish Secretary in writing with any changes or cancellation.

If I currently use envelopes, how will PAD replace them?

PAD does not include special collections, Parishioners using this program you will still be given a full set of envelopes. The hope is that the parish will be able to order just the special collection envelopes in the future.



ST. JAMES PARISH

Pre-Authorized Debit (PAD) Program

Please complete the Pre-Authorized Debit (PAD) Plan agreement provided.

I/we authorize Roman Catholic Bishop of Kamloops –St. James Parish and the financial institution designated (or any other financial institution, I/we may authorize at any time) to begin deductions as per my/our instructions for payments from time to time of all charges arising under my/our Roman Catholic Bishop of Kamloops–St. James Parish account(s). Payments will be debited to my/our specified account within thirty (30) days of the provision of service or delivery of products. Roman Catholic Bishop of Kamloops–St. James Parish will provide a written invoice for the amount of each debit. Roman Catholic Bishop of Kamloops–St. James Parish will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Roman Catholic Bishop of Kamloops–St. James has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca

Roman Catholic Bishop of Kamloops–St. James Parish may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise without providing at least 30 days written notice to me/us.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

ST. JAMES PARISH Monthly Pre-Authorized Debit Giving Program Contract

New Applicant

Only check if not previously on Pre-Authorized Debit

Change Existing Contract

Only indicate changes

Surname: _____

First Name: _____

Address: _____

City: _____

Postal Code: _____

Telephone: _____

Email: _____

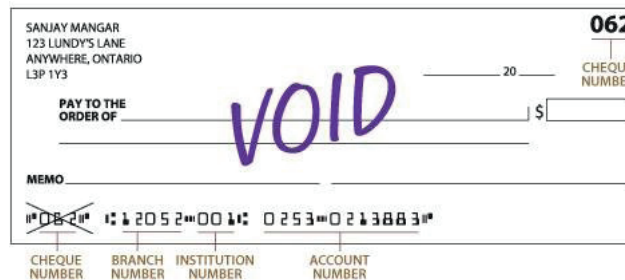
Envelope Number: _____

I/We hereby authorize **monthly** automatic payments commencing on the

First Thursday of the month, starting the month of _____ 20_____.

Monthly Sunday Donation \$ _____

*Please attach a blank voided cheque (sample below) **unless previously provided.***



Branch: _____

(5 digits)

Institution: _____

(3 digits)

Account Number: _____

Signature: _____

Date (dd/mm/yyyy): _____

I/We understand that this authorization is in effect until notification in writing is provided to the Parish Secretary of St. James Parish. Cancellations and/or **changes require 30 days notice** and must be provided in person or in writing.

I/We understand that an official receipt for income tax purposes will be issued according to Canada Revenue Agency requirements.

Diocesan Use Only:		Received Date:	
Excel:	CMO:	CHECK 1:	CHECK 2: