**PRE-AUTHORIZED DEBIT (PAD) PLAN AGREEMENT FORM**

*Donor Name*: *Family Envelope Number*:

*Address:*

*Phone Number:*

I want to support St. Alphonsa Syro Malabar Catholic Church Vancouver, 6543 132 St Surrey, BC V3W 4L4 through monthly donations. Please debit my bank account on the 15th of each month starting from 15/Jul/2018.

*$40 / $50 / $75/ $100* (Please circle the amount) /Other Amount \_\_\_\_\_\_\_\_ (specify)

From my bank account (please attach a void cheque)

*Financial Institution Name:*

*Financial Institution Account Number:*

*FI Transit Number:*

(Branch- 5 digits, FI-3 digits)

To the church bank account

TD Bank account (Branch 0275); Account Number- 7888-5251473

Note: 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.payments.ca](http://www.payments.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.payments.ca](http://www.payments.ca)

*Date:*

*Signature: Name*