DEDICATED GIVING

Pre-Authorized Debit (PAD) Authorization Form

The personal information on this form is collected and protected pursuant to the Personal Information Protection Act.

The information is for the sole use of Christ the Redeemer Parish Office.

DATE: LAST NAME: LAST NAME: ADDRESS:		First Name:			
				City:	PROVINCE:
				POSTAL CODE: TELEPHONE:	
			MONTHLY CONTRIBUTION	- PLEASE DEBIT MY BANK	ACCOUNT
	□ \$40 □ \$60 □ \$80 □ \$100 □ Other: \$				
	The debit will be processed to your bank account on the 17^{th} day of each month or the next business day.		next business day.		
	Please enclose a Void Cheque when submitting your form.				
	NAME OF BANK	ACCOUNT NUMBER			
	Branch Name	Transit Number			
of credit of careful contributed. Parishion Please no collection.	norization is subject to change or cancellation he card use comes at a cost to the contributor(s)/consideration to the total cost of using credit cost only in a manner that does not create any success are encouraged to continue putting their erecte: Second Collections are not included in total, use the colored envelopes in your Sunday encouraged.	ard user(s) in the form of interest of ards to make their contributions. It additional costs to their family be mpty envelopes in the Sunday collective dedicated giving plan. If you welope package.	charges, contributors should give Contributors are encouraged to budget. ection as a sign of stewardship. wish to contribute to a second		
contributi					
S	IGNATURE	Date			