



Blessed Sacrament Parish

194 Fourth Avenue, Ottawa ON K1S 2L6
Office Telephone: 613•232•4891
Email: office@blessedsacrament.ca
Website: www.blessedsacrament.ca

Pre-Authorized Donation Service Request (Activate / Amend / Cancel)

Thank you for using Blessed Sacrament Parish *Pre-Authorized Donation Service* (PAD). This regular donation will provide our parish with consistent cash flow, particularly in the summer and during vacation times when revenues typically fall away. Please use this form to activate your monthly donation or make an amendment.

1. Complete all sections in order to instruct your financial institution to make donation payments to Blessed Sacrament Parish directly from your account.
2. Please return the completed form with a blank cheque marked VOID.
3. To amend your existing PAD to use a different bank account, please complete the form and attach a new VOID cheque (see B-2).
4. If you have any questions, please feel free to contact the parish office at 613-232-4891.

DONOR(S) INFORMATION:

Account Holder Name(s): _____

Address: _____

City, Prov: _____ Postal Code: _____ Envelope No. _____

Telephone: _____ Email: _____

I/We wish to:

A. Activate a Pre-Authorized Donation to Blessed Sacrament Parish as follows:

- Deduct on the 18th of each month the Fixed Amount of \$ _____ until otherwise instructed.
- VOID cheque attached

B. Amend my/our Pre-Authorized Donation to Blessed Sacrament Parish as follows:

1. Current Amount \$ _____ **to New Fixed Amount** \$ _____
2. **Change of Account or Banking Institution**
 - New VOID cheque attached

C. Cancel my/our Pre-Authorized Donation to Blessed Sacrament Parish:

- ASAP**
- as of** _____ (DD/MMM/YYYY)

DONOR(S) AUTHORIZATION:

1. In this Authorization, 'I', 'me' and 'my' refers to each Account Holder who signs below.
2. I authorize Blessed Sacrament Parish to debit my account for the purpose of starting or amending my pre-authorized donation in the fixed amount of \$ _____ payable on the 18th of each month.
3. I have **read and understood this Authorization as well as the Terms & Conditions** outlined on page 2, and acknowledge receipt of a copy thereof by signing where indicated. *(Please Note: For joint accounts, if more than one signature is required on cheques issued against the account, ALL depositors must sign.)*

TERMS & CONDITIONS

1. In these Terms & Conditions, "I", "me" and "my" refers to each Account Holder who signs below.
2. I will notify Blessed Sacrament Parish in writing of any changes in the account information or termination of this authorization at least thirty (30) days prior to the next payment date.
3. I understand that termination of this authorization does not affect my obligation to pay for goods or services contracted for/with the parish.
4. My financial institution will treat each debit as if I had personally issued a written direction authorizing the company to debit the amount(s) specified to my account and need not verify that payments are drawn in accordance with this authorization.
5. I understand that any debits charged to my account will be reimbursed if:
 - a) This debit was not drawn in accordance with this authorization.
 - b) This authorization has been terminated; or
 - c) The debit was posted to the wrong account due to invalid/incorrect account information supplied by Blessed Sacrament Parish, by giving notice in writing to my branch of account within ninety (90) days of the debit to my account.
6. I acknowledge that delivery of this authorization to the Blessed Sacrament Parish constitutes delivery to my financial institution.
7. *I warrant that all persons whose signatures are required to sign on this account have read and understood the Donor's Authorization, and these Terms & Conditions, and have signed and dated below.*

Account Holder Name (please print): _____

Signature: _____ Dated: _____(DD/MM/YYYY)

Account Holder Name (please print): _____

Signature: _____ Dated: _____(DD/MM/YYYY)

OFFICE USE ONLY • PAD ENTRY			
<input type="checkbox"/> Bank _____ _____ (DD/MM/YYYY) (Initial)	<input type="checkbox"/> Envelope Database _____ _____ (DD/MM/YYYY) (Initial)		
<input type="checkbox"/> Envelope Number Assigned _____ on: _____ (Env. #) (DD/MM/YYYY) (Initial)			
<input type="checkbox"/> Email sent to Parishioner(s) _____ _____ (DD/MM/YYYY) (Initial)			
ENTERED by: _____ on: _____ (Print Name) (DD/MM/YYYY)			
Signature: _____			
VALIDATED by: _____ on: _____ (Print Name) (DD/MM/YYYY)			
Signature: _____			