



# Blessed Sacrament Parish

HOME OF THE PILGRIM STATUE OF OUR LADY OF THE CAPE, QUEEN OF CANADA

194 Fourth Avenue, Ottawa ON, K1S 2L6

613•232•4891

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## **PRE-AUTHORIZED DONATION (PAD) SERVICE REQUEST FORM**

Thank you for using Blessed Sacrament Parish *Pre-Authorized Donation Service*. 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 COMPLETE THIS FORM TO:**

- A. ACTIVATE PAD:** Complete all sections in order for us to instruct your financial institution to make donation payments to Blessed Sacrament Parish directly from your account. Once the form is complete, attach a blank cheque marked VOID and submit it to the parish office for processing; or
- B. AMEND EXISTING PAD:** To change bank account or financial institution, complete 'Donor Information' and 'Section B-1' (attach a new VOID cheque); **or** to change existing fixed amount, complete 'Donor Information' and 'Section B-2'. Submit completed Form to parish office for processing; or
- C. CANCEL EXISTING PAD:** Complete 'Donor Information' and 'Section C — Revoke/Terminate' and submit completed Form to the parish office a minimum of 30 days **before** the next scheduled payment date (18<sup>th</sup> of each month).

If you have any questions, please feel free to contact the parish office at 613-232-4891.

### **DONOR(S) INFORMATION:**

This donation is made on behalf of (*please check one*): an individual \_\_\_\_\_ a business \_\_\_\_\_

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 **18<sup>th</sup> 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.  Change of Account or Banking Institution
    - New VOID cheque attached
  2.  Change current amount of \$ \_\_\_\_\_ to **new fixed amount** \$ \_\_\_\_\_
- C. REVOKE / TERMINATE** my/our Pre-Authorized Donation to Blessed Sacrament Parish as of:
  - Cancellation DATE must be at least **30 days before** the next payment date: \_\_\_\_\_

(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 activating or amending my pre-authorized donation in the fixed amount of \$ \_\_\_\_\_, payable on the 18<sup>th</sup> of each month.
3. I have **read and understood this Authorization and the Terms & Conditions** outlined on page 2, and acknowledge receipt of a copy thereof by signing where indicated. **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 to the account information.
3. I may at any time **revoke/terminate this authorization**, by filling out the Donor(s) Information and Section C and submitting this form to the Parish Office no less than (30) days before the next scheduled payment date (18<sup>th</sup> of each month). For more information on my rights to cancel this PAD Agreement, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca).
4. I understand that termination of this authorization does not affect my obligation to pay for goods or services contracted for/with the parish.
5. 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.
6. 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.
7. I acknowledge that delivery of this authorization to the Blessed Sacrament Parish constitutes delivery to my financial institution.
8. *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-MMM-YYYY)

Account Holder Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_ (DD-MMM-YYYY)

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