

**TRUSTEES OF THE ROMAN CATHOLIC PARISH OF SAINT JOHN XXIII**  
Winnipeg, Manitoba  
**PRE-AUTHORIZED DEBIT (PAD) AGREEMENT**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

I authorize the Trustees of the Roman Catholic Parish of Saint John XXIII to arrange for and make automatic deductions from my bank account, at the following interval:

on the 2<sup>nd</sup> of each month, or the next business day  
or  on the 20<sup>th</sup> of each month, or the next business day  
in the amount of:    \$ \_\_\_\_\_  
beginning in the month of \_\_\_\_\_, 20\_\_\_\_.

This deduction is made on behalf of:     an Individual     a Business

I may revoke my authorization at any time in writing by mail or fax, subject to providing notice of 30 days to the address shown below. 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.cdnpay.ca](http://www.cdnpay.ca).

**Trustees of the Roman Catholic Parish of Saint John XXIII**  
3390 Portage Avenue, Winnipeg, Manitoba, R3K 0Z3  
Tel: 204-832-7175  
Fax: 204-885-2447

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.cdnpay.ca](http://www.cdnpay.ca).

**BANK INFORMATION**

**To ensure accuracy, a sample cheque marked "VOID" must accompany this form.**

Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account No. \_\_\_\_\_  
Branch No.: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_