

**Sacred Heart Parish
Personal Pre-Authorized Debit Plan
Authorization of the Payor to the Payee to Direct Debit an Account**

PLEASE PRINT CLEARLY

PAYOR INFORMATION

Last Name _____ First Name _____
 Address _____
 City _____ Postal Code _____
 Email Address _____ Phone Number _____

BANKING INFORMATION

Name of Bank _____ Branch Address _____
 Account Number _____ Transit Number _____

**** PLEASE ATTACHED A CHEQUE MARKED "VOID" TO THIS FORM.**

Please specify below which funds you would like your gifts to be directed towards and in what amount:

<u>Category</u>	Monthly Amount	Date of Withdrawal
Sunday Offering	_____	25 th of each month
Parish Centre Maintenance Fund	_____	25 th of each month
	Annual Amount	
Mary, Mother of God (New Year's)	_____	January 25 th
Catholic Missions in Canada	_____	February 25 th
Mission Work at Home and Abroad (semi-annually)	_____	February 25 th and July 25 th
Easter Flowers	_____	March 25 th
Development and Peace	_____	March 25 th
Needs of the Church in the Holy Land	_____	March 25 th
Pope's Pastoral Works	_____	May 25 th
Education of Seminarians	_____	June 25 th
Sacred Heart Cemetery Fund	_____	August 25 th
Needs of the Church in Canada	_____	September 25 th
World Mission Sunday	_____	October 25 th
Priest's Retirement Fund	_____	November 25 th
Christmas Flowers	_____	November 25 th
Christmas Offering	_____	December 25 th

I authorize Sacred Heart Parish, c/o 160 Dibble Street West, Prescott, Ontario, K0E 1T0 to receive the amounts mentioned above by Direct Debit in instalments as specified above. I understand that I can change or delete my donation amount at any time with written confirmation to the Parish staff. I understand that I must allow at least two weeks to allow these changes to be applied.

You have certain recourse rights if any debit does not comply with this agreement. You have the right to receive reimbursement for any debit that is not authorized or is not consistent with the agreement. To obtain more information about recourse rights, contact your financial institution or visit www.cdnpay.ca

Signature _____

Date _____