

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

I authorize St. Mark the Evangelist Parish, 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](http://www.cdnpay.ca)

Signature \_\_\_\_\_

Date \_\_\_\_\_