

Notre Dame Parish

908-104 Avenue
Dawson Creek, BC, V1G 2H7
(250) 782-3456
Email: nddc@shaw.ca

Payer's Pre-Authorized Debits (PAD) Agreement

1. CUSTOMER INFORMATION

Name: _____

Mailing Address: _____

City: _____ Province _____ Postal Code: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address _____

2. BANK ACCOUNT INFORMATION

Bank Account Number:

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Financial Institution Number:

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 Branch Transit Number:

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Chequing Account Savings Account

Financial Institution: Name: _____

Branch Address: _____

3. PRE-AUTHORIZED DEBIT (PAD) DETAILS

You, the Payer, authorize Notre Dame Parish to debit the bank account identified above on the 1st or the 15th or both the 1st and 15th of the month, for the amount of \$ _____

You, the Payer, may revoke your authorization at any time, subject to providing notice of 15 days.

Signature of Account Holder

Signature of Joint Account Holder (if appropriate)

Name (Please print)

Name (Please print)

Date

Date

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.