Roman Catholic Diocese of Peterborough

**PRE-AUTHORIZED GIVING**

St. Mary of the Assumption Parish

12 Centre St. North

Huntsville, ON P1H 2K8

|  |
| --- |
| **Questions?**  **Please contact the parish office at 705-784-2348 or email: office@stmaryshuntsville.ca** |

*(Please print)*

I/we \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ want to give my/our offering to my/our parish \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereafter “parish”)via the pre-authorized offering plan. I/we hereby authorize the parish to withdraw the amounts specified below beginning *(insert date)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from my/our account and deposit said funds to the general account of the parish. In lieu of Sunday Offertory Envelopes, **a voided cheque is enclosed**. A blank VOID cheque can be accessed online through your chartered bank and submitted as a pdf.

*Offertory can be withdrawn from your account once or twice per month according to your instructions below:*

|  |
| --- |
| **Please debit my account on the 15th monthly for Offertory $ \_\_\_\_\_\_\_\_\_\_\_**  **Please debit my account on the 30th monthly for Offertory $ \_\_\_\_\_\_\_\_\_\_\_** |

*Optional – donations for Special Collections will be withdrawn from your account on the 15th of the month, specified below:*

|  |  |
| --- | --- |
| Please debit my account on the 15th of the specific month for the following Special Collections: | |
| Other Lenten Charities (Mar) $\_\_\_\_\_\_\_\_\_  Share Lent (March) $\_\_\_\_\_\_\_\_\_  Easter (2020 April) $\_\_\_\_\_\_\_\_\_ | Good Friday (2020 Sept) $\_\_\_\_\_\_\_\_\_  Needs of the Canadian Church (Sept) $\_\_\_\_\_\_\_\_\_  Papal charities (2020 Oct) $\_\_\_\_\_\_\_\_\_ |
| Priests’ Benefit Fund (June) $\_\_\_\_\_\_\_\_\_ | World Missions (Oct) $\_\_\_\_\_\_\_\_\_ |
| Diocesan Special Collection (July)$\_\_\_\_\_\_\_\_\_  Diocesan Ministries (Aug) $\_\_\_\_\_\_\_\_\_ | Priests’ Benefit Fund (NEW POP 2020 Nov)$\_\_\_\_\_\_\_\_\_  Christmas (Dec) $\_\_\_\_\_\_\_\_\_ |

**I/ we understand changes and/or cancellation of this Plan must be made in writing, providing 30 days’ notice**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Holder Signature Date) Joint account co-signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish Priest Signature Date

|  |  |  |
| --- | --- | --- |
| **Your information** | | |
| Name(s) on Bank Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Office use only  Control # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  town | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  postal code |
| Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Bank Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  town | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  postal code |
| Bank number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Bank account number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PLEASE ATTACH A VOID CHEQUE** | |

*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 POD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit* [*www.cdnpay.ca*](http://www.cdnpay.ca)*.*

*I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a POP Agreement, I may contact my financial institution or visit* [*www.cdnpay.ca*](http://www.cdnpay.ca)*.*