LOURDES MATHA SYRO-MALABAR CATHOLIC CHURCH, WINDSOR
3739 YPRES AVE, WINDSOR, ON N8W 1S9
Email: lourdesmatha.trustee@gmail.com

PRE – AUTHORIZED DEBIT (PAD) FORM

1. **Donor Information:**

Name: ……

Mailing Address: ……

City: …… Province: …… Postal code: ……

Telephone Number: …… E- mail Address: ……

2. **Bank Account Information:**

ParishEnvelope#……

Financial Institution Name: ……

Account Number: ……

Transit Number (5 Digits): ……

Financial Institution Number (3Digits):

Chequing Account: ☐ Savings Account: ☐

3. **Pre – Authorized Debit (PAD) Details**

I want to support Lourdes Matha Syro – Malabar Catholic Church, Windsor through Bi

Weekly……or Monthly ……Donations.

Please debit my bank account (attach void cheque)

$20…. $30…. $40…. $50…. $75…. $100……. Other Amount $……. (Please specify).

1. 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.
2. You the payor, may revoke your authorisation at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature……

Date: ……