

# Pre-Authorized Debit for Parish of St. Timothy Donations

CAFT Authorization \* Terms & Conditions

1. For debit transactions, I (we) hereby authorize St. Timothy to debit my (our) account at the financial institution noted below, and to credit St. Timothy, in the amount and frequency also set out below and according to the terms and conditions of this authorization.
2. I/We agree that the issue of each Pre-Authorized Debit/Credit by St. Timothy pursuant to this authorization shall be acted upon in the same manner as though it were a written direction signed by me/us.
3. This authorization is to remain in effect until St. Timothy has received written notice from me/us to its change or termination. This notification must be received at least ten (10) business days before the next scheduled due date at the address/contact info provided below. I/We may obtain a cancellation form, or more information on my/our right to cancel a PAD agreement at from St. Timothy, by visiting [www.cdnpay.ca](http://www.cdnpay.ca), or by completing the bottom of this form in full.
4. St. Timothy may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 business days prior written notice to me/us.
5. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)
6. I/We hereby acknowledge the terms and conditions as contained herein, and warrant that all persons whose signatures are required to sign on the account to be debited/credited have signed below.

Your Name: \_\_\_\_\_

Home address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Email address: \_\_\_\_\_ Phone # \_\_\_\_\_

*Your Financial Institution Information:*

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Transit #: \_\_\_\_\_ (5 digits) Bank #: \_\_\_\_\_ (3 digits)

**VOID CHQ or Bank Printed Info sheet attached:** \_\_\_\_\_ Account #: \_\_\_\_\_

Pre-Authorized: DEBIT Purpose Description: DONATION

**Amount:** \$ \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Frequency options (check one of the following three options A,B or C):**

\_\_\_\_\_ **A\*** Monthly on the 1<sup>st</sup> / \_\_\_\_\_ **B\*** Monthly on the 15<sup>th</sup> / \_\_\_\_\_ **C\*** Twice a month on the 1<sup>st</sup> and 15<sup>th</sup>

**Date:** \_\_\_\_\_

**Signature of Applicant**

**Signature of Applicant**

## Request for Cancellation

Effective Date of Cancellation: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Applicant**

**Signature of Applicant**

Company (Parish) Contact Information: *Diane L'Arrivee, Parish Accountant* Phone # 204-949-3768

- Please send this completed form and copy of a voided cheque in the mail to:

**Parish of St. Timothy** 135 John Forsyth Road Winnipeg, MB R2N 1R3

THANK YOU VERY MUCH FOR YOUR DONATIONS TO THE PARISH OF ST. TIMOTHY