

ST. STEPHEN'S PARISH

I WANT TO SUPPORT THE CATHOLIC PARISH OF ST. STEPHEN'S THROUGH MONTHLY DONATIONS.

DATE: _____

Please debit my bank VISA / MASTERCARD: (circle one)

CARD NUMBER: _____

3 Digit # ON BACK: _____

Expiry Date: _____

Name as Printed on Card: _____

Please debit by account:

_____ \$25 _____ \$50 _____ \$75 Other Amount \$ _____ (specify)

I wish this debt amount to be processed weekly on Friday. Yes No

Or I wish this debt amount to be processed monthly on the 18th of each month
or the next business day. Yes No

Signature: _____

Donor Name: _____

Address/Contact Information: _____

Address: _____

Phone & e-mail: _____

This donation is made on behalf of: ___ an Individual ___ a Business.

I may revoke my authorization at any time, subject to providing notice of 10 days. To obtain a
cancellation form, or for more information on my right to cancel a Pre-authorized Debit
Agreement, I may contact my financial institution or visit www.cdnpay.ca.

CATHOLIC PARISH OF ST. STEPHEN'S

4302 – 57 Ave. OLDS, ALBERTA, T4H 1C5 403-556-3084

I have certain recourse rights if any debt does not comply with this agreement. For example, I
have the right to receive reimbursement for any debt that is not authorized or is not consistent
with this PAD Agreement. To obtain more information on my recourse rights, I may contact my
financial institution or visit www.cdnpay.ca.