

Our Lady of the Rockies Parish, Canmore

2 Silvertip Trail, Canmore, AB

MONTHLY DONATIONS

Pre-authorized Debit (PAD) Agreement, BANK / CREDIT CARD

PARISHIONER INFORMATION

Name: _____ Envelope No. _____
(Print)

Address: _____ Postal Code: _____

Email: _____ Phone: _____

Please debit my: **BANK ACCOUNT** **CREDIT CARD**

BANK ACCOUNT: Please attach void cheque

CREDIT CARD INFORMATION

Cardholder Name: _____

Credit Card Number: _____

Expiry Date: ____ / ____

DONATION DETAILS

Amount: \$ _____

Frequency: _____ day of each month (credit card)
 DEBIT - 18th of the month

Authorization

I authorize Our Lady of the Rockies Parish to debit my bank account or credit card as per my selections marked above; I understand that I can change or cancel my selections at any time (30 days notification).

Signature

Date

Office use only:

Date Received by Bookkeeper: _____ Entered: PF ___ SS ___ APP ___