

SAINT ARCHANGEL GABRIEL SERBIAN ORTHODOX PARISH

49 North Lake Rd, Richmond Hill, ON, P.O. Box 2918, L4E 1A8

Pre-authorized Payment Authorization

Name: _____

Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Phone: _____

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

Banking Information

Bank/Financial Institution: _____

Branch Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Account number: _____ Branch Transit number: _____

I (we) authorize St. Archangel Gabriel Parish to process a debit, in paper, electronic or other form in the amount of \$25, \$50, \$75, \$100, other _____

The debit will be processed to your account on the 1st day of each month or the next business day.

This amount may be increased/decreased at a future date as agreed to in writing by me (us). St. Archangel Gabriel Parish will to the best of their abilities advise me (us) in writing of the revised amount in advance of its (charged amount) effective date.

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 PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

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 PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Signature: _____ **Date:** _____