Blessed Sacrament Parish
HOME OF THE PILGRIM STATUE OF OUR LADY OF THE CAPE, QUEEN OF CANADA
194 Fourth Avenue, Ottawa ON, K1S 2L6
613-232-4891 / office@blessedsacrament.ca / www.blessedsacrament.ca

PRE-AUTHORIZED DONATION (PAD)

SERVICE REQUEST FORM

Thank you for participating in the Blessed Sacrament Parish *Pre-Authorized Donation Service*. This regular donation will provide our parish with consistent cash flow, particularly in the summer and during vacation times when revenues typically fall away. **Please complete this form if you wish to:**

A. ACTIVATE PAD
Complete all sections in order for us to instruct your financial institution to make donation payments to Blessed Sacrament Parish directly from your account. Once the form is complete, attach a blank cheque marked VOID and submit it to the parish office for processing; or

B. AMEND EXISTING PAD
To change bank account or financial institution, complete 'Donor Information' and 'Section B-1' (attach a new VOID cheque); **or** to change existing fixed amount, complete 'Donor Information' and 'Section B-2'. Submit completed Form to parish office for processing; or

C. CANCEL EXISTING PAD
Complete 'Donor Information' and 'Section C – Cancel / Terminate' and submit completed Form to the parish office a minimum of **30 days before** the next scheduled payment date (18th of each month).

If you have any questions, please feel free to contact the parish office at 613-232-4891.

DONOR(S) INFORMATION:

This donation is made on behalf of *(please check one):* an individual _____ a business _____

Account Holder Name(s): _____

Address: _____

City, Prov: _____ Postal Code: _____ Envelope No. _____

Telephone: _____ Email: _____

I / We wish to:

A. ACTIVATE a Pre-Authorized Donation to Blessed Sacrament Parish as follows:

☐ Deduct on the **18th of each month** the fixed amount of $ _____ until otherwise instructed.
→ ☐ VOID cheque attached

B. AMEND my/our Pre-Authorized Donation to Blessed Sacrament Parish as follows:

1. ☐ Change of Account or Banking Institution → ☐ New VOID cheque attached
2. ☐ Change current amount of $ _____ to **new fixed amount** of $ _____

C. CANCEL / TERMINATE my/our Pre-Authorized Donation to Blessed Sacrament Parish as of:

☐ Cancellation DATE must be at least **30 days before** the next payment date: _____
(dd-mmm-yyyy)

DONOR(S) AUTHORIZATION:

1. In this Authorization, 'I', 'me' and 'my' refers to each Account Holder who signs below.
2. I authorize Blessed Sacrament Parish to debit my account for the purpose of activating or amending my pre-authorized donation in the fixed amount of $_____, payable on the 18th of each month.
3. I have **read and understood this *Authorization* and the *Terms & Conditions*** outlined on **page 2**, and acknowledge receipt of a copy thereof by signing where indicated. **FOR JOINT ACCOUNTS**, *if more than one signature is required on cheques issued against the account,* ***ALL depositors*** *must sign.*

TERMS & CONDITIONS

1. In these Terms & Conditions, "I", "me" and "my" refers to each Account Holder who signs below.
2. I will notify Blessed Sacrament Parish in writing of any changes to the account information.
3. I may at any time **revoke/terminate this authorization,** by filling out the Donor(s) Information and Section C and submitting this form to the Parish Office no less than (30) days before the next scheduled payment date (18th of each month). For more information on my rights to cancel this PAD Agreement, I may contact my financial institution or visit www.payments.ca.
4. I understand that termination of this authorization does not affect my obligation to pay for goods or services contracted for/with the parish.
5. My financial institution will treat each debit as if I had personally issued a written direction authorizing the company to debit the amount(s) specified to my account and need not verify that payments are drawn in accordance with this authorization.
6. I understand that any debits charged to my account will be reimbursed if:
   a) This debit was not drawn in accordance with this authorization.
   b) This authorization has been terminated; or
   c) The debit was posted to the wrong account due to invalid/incorrect account information supplied by Blessed Sacrament Parish, by giving notice in writing to my branch of account within ninety (90) days of the debit to my account.
7. I acknowledge that delivery of this authorization to the Blessed Sacrament Parish constitutes delivery to my financial institution.
8. *I warrant that all persons whose signatures are required to sign on this account have read and understood the Donor's Authorization, and these Terms & Conditions, and have signed and dated below.*

Account Holder Name *(please print):* _____

Signature: _____ Dated: _____ *(dd-mmm-yyyy)*

Account Holder Name *(please print):* _____

Signature: _____ Dated: _____ *(dd-mmm-yyyy)*

OFFICE USE ONLY • PAD ENTRY

☐ Bank _____ | _____ ☐ Envelope Database _____ | _____
(dd/mmm/yyyy) (Initial) *(dd/mmm/yyyy) (Initial)*

☐ Envelope Number Assigned _____ on: _____ | _____
(Env. #) *(dd/mmm/yyyy) (Initial)*

☐ Email sent to Parishioner(s) _____ | _____
(dd/mmm/yyyy) (Initial)

ENTERED by: _____ on: _____
(Print Name) *(dd/mmm/yyyy)*

Signature: _____

VALIDATED by: _____ on: _____
(Print Name) *(dd/mmm/yyyy)*

Signature: _____