I may revoke my authorization at any time in writing by mail or fax, subject to providing notice of 10 (ten) days to the address shown below.

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 PAC agreement.

To obtain a sample cancellation form, for more information on my recourse rights or on my right to cancel a PAC agreement, I may contact my financial institution or visit www.canpay.ca

St Ignatius Parish

255 Stafford St Winnipeg, MB R3M 2X2

Phone: (204) 474-2351 Fax: (204) 281-5235



St. Ignatius A Jesuit Parish



Pre Authorized
Contribution Registration



Personal Information

| N | m | 9 | • |
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PRE-AUTHORIZED CONTRIBUTION AGREEMENT

PERSONAL INFORMATION

PRE-AUTHORIZED CONTRIBUTION INFORMATION

AGREEMENT

Pre-authorized donations can NOW be made through DEBIT CARD OR CREDIT CARD.

| Address: | | REGULAR DONATIONS: | | | | Ba | Bank Information for Pre-authorized DEBIT: | | | |
|------------------------------|---|--------------------|---------------|------------|------|------------------------|--|----------------------------|--|----|
| | | An | nount on the: | First: | \$ | | | sample chequompany this fo | ue marked "VOID" mus orm. | st |
| City: | | | | Fifteenth: | \$ | Bank Name: | | | | |
| Province: | Postal: | SHARING GOD'S G | SIFTS: | | | Bank #: | | | | |
| | | Aı | mount on the: | First: | \$ | Transit #: | | | | |
| Home #: | | | | Fifteenth: | \$ | Account #: | | | | |
| Cell #: | | Other (Please Spec | ify): | - | | | | n for Pre-aut | horized CREDIT: | |
| Email: | | An | nount on the: | First: | \$ | Credit Card Number: | | | · | |
| | | | | Fifteenth: | \$ | Expiry Date | / | | CVV | |
| | | | | | | automatic d | leductions fror cified amount | m my bank ac | rrange for and make ecount on the stated de eft blank or crossed ou te specified. | |
| solicitation. It will solely | t be shared with any other group or for be used should there be a reason to erning your PAC arrangements) | Start date: Day | Month | , | Year | Signature: | Dav | Month | Year | |