

PRE-AUTHORIZED DONATION

PRE-AUTHORIZED DONATION (PAD) FORM

*Please Print

Holy Name of Mary Parish

134 Bridge Street, Almonte ON K0A 1A0

Last Name:	Given Name(s):
Address:	
Email Address:	
Phone Number(s):	

I plan to support my parish financially on a monthly basis with automatic withdrawals from my account on the:

- 1st day of the month
 15th day of the month

Total Amount to transfer monthly: \$ _____

(For Sunday General Offering)

Please attach a VOID cheque.

A void cheque is available from your bank online. With your email request, please attach a scanned copy of a void cheque. Your request by email is considered an electronic signature.

Be sure to send us all the information requested in the form above.

Signature: _____

Date: _____

This request may be withdrawn by email or written letter by you at any time.

Please send email to office@hnomAlmonte.ca or mail to

Office Administrator, Holy Name of Mary Parish, 134 Bridge St., Almonte Ontario K0A 1A0