

# ST. CLEMENT PARISH

## PRE-AUTHORIZED DEBIT (PAD) FORM

I authorize **Saint Clement Parish** and the designated financial institution (or any other financial institution I may authorize at any time), to begin deductions, as per my instructions, for monthly regular recurring offertory donations. Regular monthly payments for the full amount of \$ \_\_\_\_\_ will be debited from my specified account on the 15<sup>st</sup> day of each month.

This authority is to remain in effect until Saint Clement Parish has received written notification from me of its change or termination.

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 PAG that is not authorized or is not consistent with this PAG agreement by contacting St. Clement Parish or my financial institution.

PLEASE PRINT

Full name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell Tel: \_\_\_\_\_

I wish to donate each month: \$ \_\_\_\_\_

Payment Information:

Bank: Financial Institution (FI): \_\_\_\_\_

FI Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_

*(FI: 3 digits; branch: 5 digits)*

Signature \_\_\_\_\_ Date \_\_\_\_\_ Parish Envelope # \_\_\_\_\_

Saint Clement Parish  
528 Old St. Patrick Street  
Ottawa ON K1N 5L5

Tel: 613-565-9656