



**St. Ignatius  
KNIGHTS OF COLUMBUS  
Council 5808**

**Personal Information:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

*(This information will not be shared with any other group or for solicitation. It will solely be used should there be a reason to contact you concerning your PAC arrangements)*

***Yes! I want to be part of the  
"PAC Challenge"***

**I would like to donate:**

Amount on the:      First:      \$ \_\_\_\_\_

                                 Fifteenth:      \$ \_\_\_\_\_

Start date:      Day \_\_\_ Month \_\_\_ Year \_\_\_\_\_

*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.cdnpay.ca](http://www.cdnpay.ca)*

**Bank Information:**

*To ensure accuracy, a sample cheque marked "VOID" must accompany this form.*

Financial Institution: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Branch Number: \_\_\_\_\_

*I authorize St Ignatius Parish to arrange for and make automatic deductions from my bank account on the stated days in the specified amount (zero where left blank or crossed out) Beginning on or after the start date specified.*

Date: Day \_\_\_ Month \_\_\_ Year \_\_\_\_\_

Signature: \_\_\_\_\_