

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.

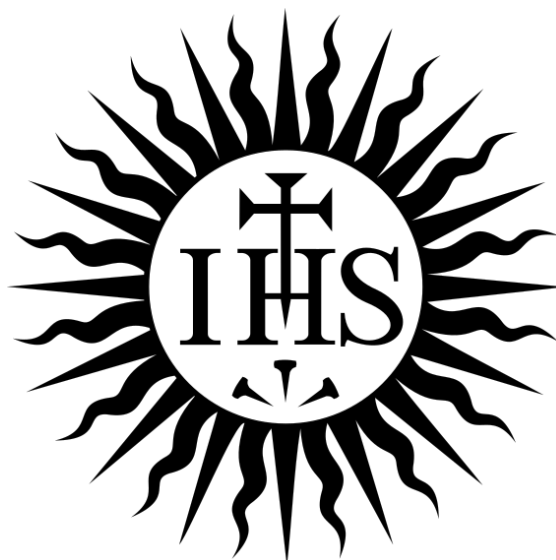
To obtain a sample cancellation form, for more information on my recourse rights or on my right to cancel a PAC agreement, I may contact my financial institution or visit www.cdnpay.ca

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:

Name:

Pre-Authorized

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)

Contribution

PAC Information Contribution Information:

Regular Donations:

Amount on the: First:
\$ _____

Fifteenth:
\$ _____

Together in Mission:

Amount on the: First:
\$ _____

Fifteenth:
\$ _____

Other (Please Specify): _____

Amount on the: First:
\$ _____

Fifteenth:
\$ _____

Start date:

Day ____ Month ____ Year ____

Agreement

Pre-authorized donations can now be made through
Debit Card OR Credit Card

Bank Information for Pre-authorized Debit:

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

Bank Name: _____

Bank #: _____

Transit # _____

Account Number:# _____

Bank Information for Pre-authorized Credit:

Credit Card #:

_____-_____-_____-_____

Expiry Date ____/____ CVV _____

*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.*

Signature:

Date: Day ____ Month ____ Year ____