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_____