

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

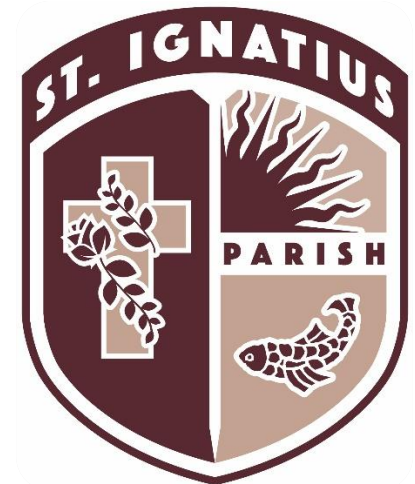
Fax: (204) 284-5235

Email: office@stignatius.ca



St Ignatius

A Jesuit Parish



Pre-Authorized

Contribution

Agreement

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)

PAC Information.

Regular Donations:

Amount on the: First: \$ _____
Fifteenth: \$ _____

Sharing Gods Gifts:

Amount on the: First: \$ _____
Fifteenth: \$ _____

Other (Please Specify): _____

Amount on the: First: \$ _____
Fifteenth: \$ _____

Start date: Day ___ Month ___ Year _____

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: _____