



OUR LADY OF THE ASSUMPTION PARISH

63 Regional Rd 20, Stoney Creek, Ontario, Canada L8J 2W9 • 905 664-7651

PRE-AUTHORIZED GIVING

Assumption Parish offers an alternative to using envelopes through pre-authorized giving. This service automatically debits your bank account in the amount of a donation you choose. If you would like to take advantage of this convenient service, please:

1. Complete and sign this form.
2. Read the Terms and Conditions attached.
3. Drop off or mail this completed form to our office together with a "VOID" cheque
or pre-authorized debit slip from your bank.

Personal Information

All Information is kept Strictly Confidential

Name:	
Address	City:
Province:	Postal Code:
Phone:	Email:

Payee

Information:

Our Lady of the Assumption Parish
63 Regional Rd 20 • Stoney Creek, Ontario L8J 2W9

REGULAR SUNDAY COLLECTION

Your payment options for the Regular Sunday Collection are either *weekly* or *monthly* – please choose your payment option and amount:

Weekly pre-authorized debit

<input type="checkbox"/> My account will be debited on Monday each week the following amount in CDN currency					
(Check One)	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> Other \$ _____

Monthly pre-authorized debit

<input type="checkbox"/> My account will be debited on the 1 st of each month the following amount in CDN currency					
(Check One)	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100	<input type="checkbox"/> \$160	<input type="checkbox"/> \$200	<input type="checkbox"/> Other \$ _____

SPECIAL COLLECTION

Parish Improvement Fund - Monthly

☐ My account will be debited on the 1st of each month the following amount in CDN currency
(Check One) ☐ \$20 ☐ \$40 ☐ \$50 ☐ \$100 ☐ Other \$ _____

Christmas and Easter Offering

☐ My account will be debited on the first business day following Christmas and Easter each year in the following amount.

Christmas: \$ _____

Easter: \$ _____

Other Special Collections

☐ My account will be debited for the amount indicated on the date indicated below.

Mary Mother of God (<i>New Year's</i>)	\$ _____	January 1, 2026
Seminary Education	\$ _____	February 1, 2026
St. Vincent de Paul Society (<i>Winter</i>)	\$ _____	February 8, 2026
Easter Flowers	\$ _____	March 15, 2026
Share Lent	\$ _____	March 22, 2026
Needs of the Church in the Holy Land	\$ _____	April 3, 2026
Pope's Pastoral Works	\$ _____	May 17, 2026
Cura Pastorum (<i>Priest Pension</i>)	\$ _____	June 14, 2026
St. Vincent de Paul Society (<i>Spring</i>)	\$ _____	June 21, 2026
Needs of the Canadian Church	\$ _____	September 27, 2026
St. Vincent de Paul Society (<i>Fall</i>)	\$ _____	September 13, 2026
Evangelization of Nations	\$ _____	October 18, 2026
Christmas Flowers	\$ _____	December 6, 2026
St. Vincent de Paul Society (<i>Christmas</i>)	\$ _____	December 13, 2026
Catholic Women League Membership	\$ 40.00 _____	December 31, 2026

I agree to have the above donations debited from my bank account on the dates indicated. I have read and agree to the terms and conditions attached:

Signature of Payor: _____

Date: _____

You may cancel, top up, or change your donation any time.



Thank you for your generosity

PAYOR'S PAD AGREEMENT

Personal Preauthorized Debit Plan – Terms & Conditions

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes and I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution") and I authorize the Financial Institution to honor and pay such debits. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my Account in accordance with the Rules of the Canadian Payments Association. I agree that any direction I may provide to draw a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation and cancellation to the Payee. This Agreement applies only to the method of payment and agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.
4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. (a) I understand that with respect to:
 - (i) fixed amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting at least ten (10) calendar days before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment date(s);
 - (ii) variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Personal PAD; and
 - (iii) fixed amount and variable amount Personal PADs occurring at set intervals, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.
- OR (b) I agree to either waive the pre-notification requirements in section 6(a) of this Agreement or to abide by any modification to the pre-notification requirements as agreed to with the Payee.
7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.
8. I may dispute a Personal PAD by providing a signed declaration to my Financial Institution under the waive pre- following conditions:
 - (a) the Personal PAD was not drawn on in accordance with this Agreement;
 - (b) this Agreement was revoked or cancelled; or
 - (c) any pre-notification required by section 6(b) was not received by me.

I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Personal PAD, I must sign a declaration to the effect that either a., b., or c. above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Personal PAD was posted to my Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Personal PAD solely with the Payee, and that my Financial institution shall have no liability to me respecting any such disputed Personal PAD.
9. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
10. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms with the requirements of Rule H1.
11. I understand and agree to the foregoing terms and conditions.
12. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
13. Applicable in the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que présente convention et tous les documents s'y rattachant soient rédigés et signés en anglais.

Delete
either 6(a)
or 6(b) as
applicable

If Payor
agrees to
waive pre-
notification,
Payor sign
where
indicated