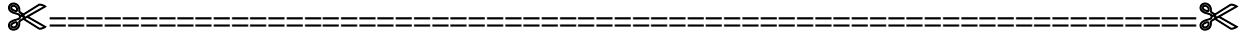


VOLUNTARY DIRECT PAYMENT– Feb 2010

If you decide that you would like to take part in Voluntary Direct Payment, simply print off and complete the authorization form and attach a voided, blank, unsigned cheque and pass on to Fr. Mark or drop in the offertory basket and we'll get withdrawals from your bank account started. If you request, we can also easily change or stop your direct payment donation.

The Direct Payments are debited from parishioners bank accounts weekly, bi-weekly or monthly on Friday's. These transactions are processed by the parish, and therefore can be easily modified or stopped if requested by parishioners. If you have any questions about enrolling please call Fr. Mark at 444-6007 or contact Shari Andrews (458-1380) or by e-mail at office@stsjohnandpaul.ca



Pre-authorized Debit (PAD) Agreement

Please fill out this form and attach one of your personal cheques, unsigned and marked VOID. You may return this information to Fr. Mark or place in the offertory basket or mail to: Rectory Office, Sts. John and Paul Parish, 727 New Maryland Highway, New Maryland, NB E3C 1P7.

I/WE name(s) _____ Phone# _____

Address _____

City _____ NB _____ postal code _____

I hereby authorize:

THE CHURCH OF STS JOHN & PAUL, 727 New Maryland Highway, New Maryland NB E3C 1P7

Tel: 444-6007 Fax: 444-6008 E-mail: office@stsjohnandpaul.ca

to debit my/our account # _____ Account Name _____

held at the following financial institution _____

Branch address _____ transit no _____

for the purpose of offertory donations to the **Church of Sts. John and Paul.**

for the fixed amount of \$ payable (check one) weekly bi-weekly or monthly

The debit will be processed to your account on the appropriate date during the month.

This donation is made on behalf of: _____ an Individual _____ a Business

I may revoke my authorization, subject to providing written notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca

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 PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

I/WE have read and understood the terms of this authorization as described above

Signature

Date

Signature*

Date

*ONLY required for those accounts where two signatures are required on cheques issued against the account!