

St. Anne's Parish
217 Lenore Drive Saskatoon, Sk. S7K 6Y2

PreAuthorized Debit Plan (PAD)

(Parishioner's Name and address – please print:)

PLEASE RETURN TO OFFICE:

Mr./Mrs./Miss	Surname	First Name
Street address		
City/Town	Postal Code	Telephone

I/We have attached a blank cheques marked "VOID" to this form.

I hereby authorize that my bank account: be automatically debited monthly and credited to St. Anne's Parish in the amount of \$ _____ commencing on the 7th of the month and each subsequent month thereafter.

I/We will inform St. Anne's Parish, in writing of any change in the information provided above 10 business days prior to the next due date of the PAD.

I/We understand that for any donation we make to St. Anne's Parish we will receive a tax-deductible receipt after January 1, of the following year.

I/We understand that this authorization is in effect until such time as I/We notify St. Anne's Parish in writing, of cancellation.

I/We agree that the information contained in this Authorization may be disclosed to the **Royal Bank of Canada** as required to complete any PAD transactions.

I/We understand and accept the terms of participating in this PAD plan.

Regular Donation \$ _____ Parish Development Fund \$ _____ Debt Reduction \$ _____

Signature: _____ Date: _____

Signature: _____