

St. Albert the Great Catholic Parish
Pre-authorized Debit (PAD) Agreement

Please complete all sections below to authorize St Albert the Great Catholic Parish to initiate pre-authorized debit payments from your bank account for donations to St. Albert the Great Parish.

Account Information (PLEASE ATTACH A VOID CHEQUE)

Accountholder name: _____ Envelope # _____

Address: _____

Phone: _____ Email: _____

Bank Name: _____

Branch #: _____ Bank #: _____ Account #: _____

Monthly collection instructions

I authorize St. Albert the Great Catholic Parish to debit my bank account for the following amount \$_____ on the first banking day on or after the 10th of each month commencing _____, 20____.

Parish Operations & Programs	\$
Building Fund	\$
Together in Action	\$
Total	\$

Special collection instructions

In addition to the monthly collection amount, please debit from my account the additional specified collections as indicated below on the first banking day on or after the 10th of the month indicated.

Mary the Mother of God (New Year's Day)	January	\$
Together In Action (TIA)	March	\$
The Church in the Holy Land (Good Friday)	April	\$
Continuing Support & Education for Priests & Seminarians	May	\$
Collection for the Pope's Pastoral Work	May	\$
Evangelization of the Nations (Mission Sunday)	October	\$
Catholic Education Sunday	November	\$
Mission Mexico	December	\$
Christmas	December	\$

Authorization

I understand that I can change or cancel my pre-authorized amounts at any time by notifying the parish office with 30 days notice. I have certain 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.

I understand that both St. Albert the Great Parish and my financial institution reserve the right to terminate this PAD or my participation therein at any time.

Signature of accountholder: _____ **Date:** _____