



# St. Alphonsa Syro-Malabar Catholic Cathedral Mississauga

CRA Registration Number: 757966320 RR 0008

## Pre-Authorized Debit (PAD) Authorization Form

Date \_\_\_\_\_

I want to support **St. Alphonsa Cathedral Mississauga** through  
bi weekly \_\_\_\_\_ or monthly \_\_\_\_\_ donations.

**Please debit my bank account (attach void cheque)**

\_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$75 Other Amount \_\_\_\_\_ (specify)

The debit will be processed to you on the \_\_\_\_\_ day of the month.

Signature: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Address/Contact Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This donation is made on behalf of \_\_\_\_\_ an Individual  
\_\_\_\_\_ a business

I may revoke my authorization at any time, subject to providing 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.payments.ca](http://www.payments.ca)

### Business Address/Contact info

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.payments.ca](http://www.payments.ca)