



St John Paul II Syro-Malabar Catholic Church

55 McMurchy Ave, Regina, SK S4R 3G3

Priest: Fr. Daris Cherian Moolayil Cell: +1 (416)262-9670

Trustee: Mr. Joy George Cell: 306-537-5372, Mr. Arun Abraham: Cell: 306- 891-4302

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorizes St. John Paul II Syro-Malabar Catholic Church and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our account.

Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 10th day of each month. St. John Paul II Syro-Malabar Catholic Church will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until St. John Paul II Syro-Malabar Catholic Church has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial instruction or by visiting www.payments.ca.

St. John Paul II Syro-Malabar Catholic Church may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days' prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial instruction or visit www.payments.ca.

Today's DATE: _____

Name(s): _____ Envelope Number: _____

Amount of payment _____ Type of Service: Personal: _____ Business: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ (Cell.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____
(Branch -5 digits; FI - 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

NB: Please Include Copy of Void Check