



OUR LADY OF THE ROSARY PARISH

798 Goldstream Avenue, Victoria, BC V9B 2X6

Phone: 250-478-3482 Email: olor@shaw.ca

Contact Information

* Please provide your mailing address. Donation receipts for tax purposes will be provided annually.

First Name _____

Last Name _____

Email _____

Phone Number _____

Mailing Address: _____

Banking Details

*Please attach a void cheque or provide account information.

*Debits will be processed to your account at the end of each month or the next business day.

Deposit Account Number

Branch Transit Number Financial Institution #

Chequing Account Savings Account

Financial Institution: Name _____

Address _____

Pre-Authorized Debit (PAD) Details

I want to support OUR LADY OF THE ROSARY PARISH through **monthly** donations of:

\$40 \$80 \$120 \$200 \$400

Other Amount (specify) _____

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

I would like the option of a 12 month term and then consider a change, renewal or cancellation

Please debit my bank account. My donation will continue automatically each month (or for a twelve month term if selected above) until I notify OUR LADY OF THE ROSARY PARISH of any change. I may revoke my authorization at any time, subject to providing notice of 15 days.



Signature _____ Name _____ Date _____

To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca. You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca