

PRE-AUTHORIZED DEBIT FORM

HOLY FAMILY UKRAINIAN CATHOLIC CHURCH 1001 GRANT AVE., WINNIPEG MB R3M 1Y3

CUSTOMER INFORMATION:

Name			
Mailing Address:			Envelope Number:
City:	Province:	Postal Code:	
Home Pone: ()		Business Pone: ()	
Email:			

PAYMENTS ARE TO BE DEBITED FROM THE FOLLOWING ACCOUNT:

Financial Institution Name:																			
Financial Institution Address:																			
City:	Province:	Postal Code:	Tel: ()																
Monthly or Biweekly (every 2 weeks) donation to be debited to Parish General Expense: \$																			
Banking Information:																			
Bank ID		Transit No.		Bank Account No.															

Authorization

I/We hereby request and authorize Carpathia Credit Union Limited (Payment Processor) to debit payments authorized by me/us from the chequing account specified by me. For a joint account, both signatories are required. Notice of cancellation of this authorization may be made by me/ us at any time. Such notice shall not have effect on debits made prior to cancellation.

Customer Signature _____ Customer Signature _____

Date _____ Date _____

Holy Family Parish warrants that this information will remain confidential and will use it exclusively for the purposes of affecting the payment services of Pre-Authorize Debit.

Please attach a personalized cheque marked 'VOID' to avoid errors in transcription.