



St. Alphonsus Liguori Roman Catholic Church

1066 Western Ave. ▪ Peterborough, ON ▪ K9J 5W6
p: 705 745.8623 ▪ f: 705 740.9259 ▪ w: stalphonsus.net

Parishioner Information (Please Print Clearly)

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Offertory Envelope #: _____

Pre-Authorized Debit (PAD) Details

Type of Service: (check one) Personal ☐ Business ☐

I (we) authorize St. Alphonsus Liguori R.C. Church to debit my (our) bank account (VOID cheque attached).

\$ _____ weekly on Mondays or next business day OR

\$ _____ on the 1st day of every month or the next business day.

Special envelopes will be taken out on the Monday (or next business day) following the weekend they are authorized for.

As Payor, you may change or revoke your authorization at any time in writing subject to providing notice of 2 weeks. To obtain a sample cancellation form or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

Signature of Joint Account Holder (if applicable):

Name: _____
(Please print)

Name: _____
(Please print)

Date: _____

Date: _____

As Payor, 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 recourse rights, contact your financial institution or visit www.cdnpay.ca.)

When this form is completed, mail, fax or email to:

St. Alphonsus Liguori R.C. Church
1066 Western Avenue
Peterborough, ON K9J 5W6

Phone: 705-745-8623 Fax: 705-740-9259 Email: office@stalphonsus.net

or bring to Parish Office or put in collection basket.