

**NIAGARA ANGLICAN CURSILLO
Pre-Authorized Giving Program
Authorization Form**

Please choose one:

NEW INCREASE / DECREASE / CHANGE BANKING / CANCEL

I/We wish to take advantage of the Niagara Anglican Cursillo Pre-Authorized Giving Program

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____

Please attach a voided CHEQUE if it is a **NEW** account or **CHANGING BANK INFO**:

Payments can be taken on any numerical day of the month. Please indicate which day(s) you prefer.

I/we hereby authorize the "Diocese of Niagara" to debit my/our bank account each month on the

_____ of the month in the amount of \$ _____ for _____.
(date(s))

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

This authorization is to remain in effect until The Diocese of Niagara has received written notice from me/us of its change or termination. Please note that we must receive the change or termination by the 18th of the month in order for it to take effect for the following month. In an emergency the PAD can be recalled or stop payment with a 24 hour notice. 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.cdnpay.ca.

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.cdnpay.ca.

Please note: for joint accounts both parties should sign below:

Date: _____ Signature: _____

Signature: _____

Please mail to:

The Diocese of Niagara
Attn: Kim Waltmann
252 James Street, North
Hamilton, ON L8R 2L3

Or fax to: 905-527-0963 Attn: Kim Waltmann