

**NIAGARA HURON 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 Huron 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 18<sup>th</sup> 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 within 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](http://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](http://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