



HOLY SPIRIT PARISH
Pre- Authorized Debit (PAD) Agreement, BANK/VISA/ MASTER CARD

1 PARISHIONER INFORMATION

Name _____ (Print) Envelop # _____
 Address _____ Postal Code _____
 Email _____ Phone _____

DEBIT BANK OR CREDIT CARD OPTION

Mark with an X your option

BANK DEBIT CARD CREDIT CARD  

DONATION AMOUNT & FREQUENCY INSTRUCTIONS

The amount of \$ 00/100 Dollars
 Weekly Bi-weekly Monthly
 Mark with an X your option

BANK INFORMATION

Bank Name _____ Bank Address _____
 Branch# _____ Transit # _____ Account# _____

CREDIT CARD INFORMATION

Cardholder Name _____
 Credit Card number _____ Expiration date _____

AUTHORIZATION

I authorize Holy Spirit Parish to debit my bank or credit card as per my selections marked above; I understand that I can change or cancel my selections at any time notifying with 30 days the office at Holy Spirit.

Name _____ Signature _____
 Bank Name Account or how appears in the Debit/Card _____ Authorized Account Holder _____

For Bank debit donation PLEASE ATTACH A VOID CHEQUE

ACCOUNT HOLDER NAME STREET ADDRESS CITY, PROVINCE POSTAL CODE	001
PAY TO THE ORDER OF _____	DATE _____
VOID	\$ <input type="text"/> 100 DOLLARS
BANK NAME BANK STREET ADDRESS BANK CITY, PROVINCE POSTAL CODE	
⑈ 00 11 ⑈ ⑆ 05550 ⑈ 0041 127864 182178 ⑈	
Branch Transit Number Bank ID Number Bank Account Number	