

St. John the Apostle Parish, 2340 Baseline Road, Ottawa, ON, K2C 0C9,  
613-829-4908 [bookkeeper@stjohntheapostleparish.com](mailto:bookkeeper@stjohntheapostleparish.com)

**PRE-AUTHORIZED DEBIT (PAD) - MONTHLY DONATION**

Your regular contributions will allow us to continue the important pastoral and temporal programs in our parish throughout the year.  
It will also provide St. John the Apostle Parish with consistent cash flow, particularly in the summer and during vacation times when revenues typically fall away.

**Benefits:**

- You will provide St. John the Apostle Parish with your regular donation using an easy payment plan on a monthly or twice monthly basis - your choice
- You will reduce the number of cheques you currently write each month
- You will receive a tax receipt for your donation after year end
- Donations given electronically reduce the amount of cash/cheques to be counted weekly and the cash on premises
- **The debit will be processed on the 5<sup>th</sup> and/or 20<sup>th</sup> of each month or the next business day**
- You may change the amount deducted or designation at any time, in writing
- **You may revoke your authorization at any time, subject to providing 30 days written notice.**
- You can eliminate the need for a box of donation envelopes by notifying the office; if you wish to continue using the box as well, notify the Office.

You may continue to make your donations for "Special Collections" by using the envelopes at the church entrance;  
Be sure to identify yourself on these envelopes, for tax donation receipt purposes, by putting your name and the amount on the envelope.  
**If you no longer use the Envelope Box, your ID # becomes the first 3 letters of your last name, and first 2 letters of first name. i.e. Brown, Jack = BROJA.**

**Simply fill out the enrolment form opposite and return this in a sealed envelope marked to the attention of Pearl Beausoleil, Bookkeeper, and place it in the Sunday collection basket or drop it off at the parish office or email it per below.**

For further information, please contact the Bookkeeper at 613-829-4908 or leave a message for a return phone call – or by email at [bookkeeper@stjohntheapostleparish.com](mailto:bookkeeper@stjohntheapostleparish.com)

Thank you for using "St. John the Apostle Parish" *Pre-Authorized Debit Donation Service (PAD)*. Please use this form to activate your monthly donation.

**FOR OFFICE USE ONLY:**

Processed on \_\_\_\_\_ by \_\_\_\_\_  
(Dec 2, 2022)

**ST. JOHN THE APOSTLE PARISH, OTTAWA**  
**Pre-Authorized Debit (PAD) - Enrolment Form**

Donor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_ (h) or (c)  
Email: \_\_\_\_\_ Envelope # \_\_\_\_\_

<u>5<sup>th</sup> of Month</u>	and/or	<u>20<sup>th</sup> of Month</u>	<b>Donation directed to:</b>
\$ _____		\$ _____	<u>Sunday Collection</u> (White envelope)
\$ _____		\$ _____	<u>Building Fund</u> (Pink border envelope)
\$ _____		\$ _____	sub-total
<b>\$ _____</b>			<b>TOTAL Monthly Donation</b> from my/our bank account beginning the 5 <sup>th</sup> or 20 <sup>th</sup> of _____, 2023.

- \* I/We hereby authorize ST. JOHN THE APOSTLE PARISH, to debit the amount indicated above from the designated account below on an on-going monthly basis on the date(s) indicated above.
- \* I may revoke my authorization at any time, subject to providing 30 days written notice. To obtain a sample cancellation form, or for more information on the 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.

Signature of Primary Account Holder(s) \_\_\_\_\_ Signature of Joint Account Holder(s) \_\_\_\_\_

**If a joint account then both signatures are required.**

Date Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**PLEASE ATTACH A BLANK CHEQUE MARKED "VOID" or a deposit slip.**

**FOR OFFICE USE ONLY:**

Name of Financial Institution \_\_\_\_\_  
Transit # \_\_\_\_\_ Bank/Branch # \_\_\_\_\_  
Account # \_\_\_\_\_