



CHRIST THE KING SYRO-MALABAR CATHOLIC CHURCH, SASKATOON
18 33rd Street East, Saskatoon, SK S7K 0R7

Date _____

I want to support _____ through _____

Semi-monthly _____ or monthly _____ donations.

Please debit my bank account (attach void cheque)

\$50 \$75 \$100 Other Amount _____ (specify)

The debit will be processed to you on the _____ and _____ day of the month.

Signature

Donor Name

Address/Contact Information

This donation is made on behalf of _____ an Individual _____ a business

I may revoke my authorization at any time, subject to providing notice of 30 days. 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.cdnipay.ca.

Business Address/Contact info

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.cdnipay.ca.