

My Personal Pre Authorized Debit Payment Plan agreement with St. Martin's Cathedral

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" to St. Martin's Cathedral
132 Airport Blvd, Gander NL , A1V 2E7 or pass it to one of the Clergy or Parish Treasurer.
4. **Important:** If you have a joint account and if more than one signature is needed on your cheques ,both must sign this form.
5. If you have any questions, please call the office at 256 3838

Please Print Clearly Names of Account Holder (s) _____
Address: _____
Phone: _____ email _____

Branch Number

Institution Number

Account Number

Name of My Financial Institution _____

Branch Location _____

Branch Address| _____

City/Province _____

Postal Code _____

I agree to participate in this Pre Authorized Debit Plan and authorize the Payee (St. Martin's Cathedral) and any successor or assign of St. Martin's Cathedral to draw a Debit in paper, electronic or other form for the purpose of transferring funds to St. Martin's Cathedral as an offering on my account indicated above at the Financial Institution indicated above and I authorize the Financial Institution to honour and pay such debits.

I Understand that this agreement shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.

I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in the Agreement, I must provide notice of revocation or cancellation to the Payee.

Payment Information and Authorization on the next page of this Form

MY PAYMENT INFORMATION

Please use this checklist to indicate your desired contributions. We will use this information to record your offerings.

Regular Offering \$ _____

I Direct this debit to be made **Monthly** **Weekly**

Building Fund \$ _____

I Direct this debit to be made **Monthly** **Weekly**

Bishop's Debt Fund \$ _____

I Direct this debit to be made **Monthly** **Weekly**

If you have a specific date or preferred time of the week or month for the debit ,please indicate below:

Total Weekly Amount

Total Monthly Amount

Signatures of Account Holder(s)

Date

Please Note: You will still be given a box of Envelopes, and issued an envelope Number. Simply Mark Automatic Debit on the envelope when you are in Church, as a sign of your offering. Any extra offering you place in the envelope will be credited to your givings and will be included on your income tax form at the year end.

Thank you for supporting the ministry of your Church!