



ST. JOSEPH SYRO-MALABAR CATHOLIC PARISH, HAMILTON

(Eparchy of Mississauga)

1898 Rymal Road East, Hannon ON L0R 1P0

Website: www.syromalabarhamilton.ca

email: office@syromalabarhamilton.ca

Pre-Authorized Debit (PAD) Agreement

DONOR INFORMATION				
Name:		Registration / Envelope #:		
ADDRESS:				
Apt / Unit #	Street #	Street Name	City	Postal Code
Phone Number:		Email:		

FINANCIAL INSTITUTION INFORMATION	
Name of Financial Institution:	Account Number:
Transit Number (5 digits):	Financial Institution Number (3 digits):

NOTE: PLEASE ENCLOSE A VOID CHEQUE ALONG WITH THIS FORM

I wish to pledge **\$20** ___ **\$30** ___ **\$50** ___ **\$75** ___ **\$100** ___ **Other Amount** _____ (Please Specify)
to St. Joseph Syro-Malabar Parish, Hamilton on **Bi Weekly** ___ or **Monthly** ___ (please select one option).

I may revoke my authorization any time, subject to providing notice of **4 weeks**.

Signature: _____

Date: _____

Thank you for your support.

A tax receipt will be issued annually. For any future changes to the financial institution information or pledge amount, please notify the respective Parish Trustee.

FOR OFFICE USE ONLY

Date Received: _____

Date of Deduction: _____