



**OUR LADY OF THE ASSUMPTION CHURCH**  
 7624 – 39 Avenue NW.  
 T3B 1X3  
 Calgary, Alberta  
 Ph. (403) 283 3746  
 www.stbernardsparish.ca

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# St. BERNARD'S PARISH

**ST. BERNARD'S CHURCH**  
 711 – 37 Street NW.  
 T2N 3B9  
 Calgary, Alberta  
 Fax (403) 283 3481  
 office@stbernardsparish.ca



## PRE AUTHORIZED DEBIT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Joint account with:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE No. \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

Please specify below your preference of withdrawal, the amount of your contribution, and which funds would you like your gifts to be directed to:

	<u>Weekly</u>	<u>monthly</u>	<u>annually</u>	<u>day</u>	<u>month for annual</u> (for annual gifts)
Sunday offering	\$ _____	\$ _____	\$ _____	7/14/21/28	_____
Together in action	\$ _____	\$ _____	\$ _____	7/14/21/28	_____
Maintenance fund	\$ _____	\$ _____	\$ _____	7/14/21/28	_____

For verification of your bank account, please remember to **attach a void cheque** to this form. This gift is made on behalf of an individual \_\_\_\_\_ a business \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\*For weekly gifts, funds will be withdrawn on the 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28 of the month (or the next business day).

\*\*For monthly gifts, please circle the day of the month you wish to have your gifts withdrawn.

\*\*\*For annual gifts please circle the day/month you wish to have your gifts withdrawn in column 4 & 5.

I authorize St. Bernard's Parish, 7624 – 39 Ave. NW., Calgary, Alberta to Debit the amounts mentioned above by Direct Debit in installments as specified above. I understand that I can change or delete my donation amount at any time with written confirmation to the Parish Staff. I understand that I must allow at least 1 month for these changes to be applied.

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 Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date