

ST. JOHN OF THE CROSS PARISH
6890 Glen Erin Drive, Mississauga ON L5N2E1

Date: _____
DD MM YYYY

REF # _____

Start date: _____

I wish to support St. John of the Cross Parish through **Monthly/ Yearly donations**

Please debit my bank account: (attached Void Cheque)

Monthly: 2nd 9th 16th (for Monthly circle one date)

Offertory \$ _____ **Monthly / ANNUALLY** (for annual indicate the Month _____)

Building Repair & Mice Fund - G \$ _____ Monthly only (every 26th of the month)-G

ShareLife Monthly - H \$ _____ Monthly only (every 25th of the month)-H

St. Vincent de Paul Monthly - S \$ _____ Monthly only (every 13th of the month)-S

Special Donations:	\$ _____	New Years	-	Due Date: January
	\$ _____	Good Friday	-	Due Date: March
	\$ _____	ShareLife	-	Due Date: April
	\$ _____	Papal Charities	-	Due Date: May
	\$ _____	Carmelite Seminary	-	Due Date: June
	\$ _____	Parish Youth Ministry	-	Due Date: July
	\$ _____	Canadian Mission	-	Due Date: August
	\$ _____	Carmelite Mission	-	Due Date: September
	\$ _____	World Mission	-	Due Date: October
	\$ _____	Shepherd's Trust	-	Due Date: November
	\$ _____	Christmas	-	Due Date: December

The debit will be processed to your account on the specified date chosen by you or the next business day.

Signature: _____

Donor Name: _____

Address/Contact Information: _____

Telephone #: _____ - _____ - _____ Email: _____

This donation is made on behalf of: _____ an Individual _____ a Business

Bank No: _____ Branch / Transit No: _____ Account No: _____

I may revoke my authorization at any time, subject to providing notice of (Payee to insert period- not to exceed 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.payments.ca

St. John of the Cross Parish, 6890 Glen Erin Drive, Mississauga Ontario L5N2E1 Tel: 905-821-1331 email: admin@sjocross.org 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 resource rights, I may contact my financial institution or visit www.payments.ca

IF YOU HAVE ANY QUESTIONS OR NEED HELP FILLING OUT THIS FORM PLEASE CALL 905-821-1331 EXT 223