

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 26<sup>th</sup> of the month)-G

ShareLife Monthly - H \$ \_\_\_\_\_ Monthly only (every 25<sup>th</sup> of the month)-H

St. Vincent de Paul Monthly - S \$ \_\_\_\_\_ Monthly only (every 13<sup>th</sup> 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](http://www.payments.ca)

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

**IF YOU HAVE ANY QUESTIONS OR NEED HELP FILLING OUT THIS FORM PLEASE CALL 905-821-1331 EXT 222**