



St. Teresa's Parish St. John's, NL

Served by the Redemptorists

DIRECT GIVING ENROLMENT FORM – Revised

Automatic payments are a simple and convenient way for you to make your weekly parish offering. Just complete this Pre-Authorized debit form (PAD) and drop it in the next week's collection or you can drop it off at the parish office. You need to attach a void cheque, unsigned and marked VOID. Payments cannot be processed correctly without a void cheque. If you don't have cheques, OR don't have one for your particular account, you can print a void one directly from your account in online banking, or ask for one at your bank branch. As some months have 4 Sundays, and some have 5, please average your Sunday givings to a monthly basis. (Eg 52 givings divided by 12 if you normally give every Sunday).

I/We (please print)

Donor Name(s) _____ Envelope #: _____

Address _____

City _____ Province _____ Postal Code _____

Phone number _____

Authorize:

St. Teresa's Parish, 120 Mundy Pond Road, St. John's, NL A1E 1V1 (709-579-0065)

To Debit my/our bank account

Bank account number: _____

Held at:

Name of Financial Institution: _____

Address _____

City _____ Province _____ Postal Code _____

For the purpose of: Sunday offerings, in the fixed amount of \$ _____, payable once a month (on the 1st of each month, or 1st business day thereafter), beginning on date _____, and continuing until cancelled.

Each donation shall be the same as if I/we had personally issued a cheque authorizing the bank to pay the Parish/Church as indicated, and to debit the amount specified to my/our account.

I/We will give notice to the Parish/Church named above, promptly in writing if I/we move the account from one bank to another, or if there is a change in the amount. This amount may be cancelled at any time upon written notice by me/us to the Parish/Church, subject to providing notice of at least 15 days. The named Parish/Church may also cancel this PAD agreement on not less than 15 days' notice to me/us. I/we acknowledge that we retain certain recourse rights if any debit does not comply with this agreement.

To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution, or visit www.payments.ca.

Any delivery of this authorization to the Parish/Church constitutes delivery by me/us to the bank. I/We are all the persons who are required to sign on the above account. I/We acknowledge receiving a copy of this form.

Donor (1) Signature _____ Date _____

Donor (2) Signature _____ Date _____

For joint accounts, all depositors must sign if more than one signature is required on a cheque/payment transaction issued against this account.

Form creation date: June 19, 2025