

Purification of the Blessed Virgin Mary
(St. Mary's Church)

40 Russell St. E.
Lindsay, ON K9V 2A4

PRE-AUTHORIZED OFFERING PLAN

Questions? Call the parish office at (705) 324-4828 or e-mail: office@stmaryslindsay.ca

(Please print)

I/we _____ want to give my/our offering to my/our parish, **Purification of the Blessed Virgin Mary, St. Mary's Church, Lindsay ON**, (hereafter "the parish") via the pre-authorized offering plan. I/we hereby authorize the parish to withdraw the amounts specified below beginning *(insert date)* _____ from my/our account and deposit said funds to the general account of the parish. In lieu of Sunday Offertory Envelopes, a **voided cheque is enclosed**. A blank void cheque can be accessed online through your chartered bank and submitted as a PDF.

Offertory can be withdrawn from your account once or twice per month according to your instructions here:

Please debit my account on the 15th monthly for Offertory \$ _____ Restoration Fund \$ _____
Please debit my account on the 30th monthly for Offertory \$ _____ Restoration Fund \$ _____

Optional – donations for Special Collections will be withdrawn from your account on the 15th of the month, specified below:

Please debit my account on the 15th of the specific month for the following Special Collections:

Other Lenten charities (March)	\$ _____	Diocesan Special Collection (July)	\$ _____
Share Lent (March)	\$ _____	Diocesan Ministries (August)	\$ _____
Good Friday (April)	\$ _____	Needs of the Canadian Church (September)	\$ _____
Easter (April)	\$ _____	World Missions (October)	\$ _____
Papal charities (May)	\$ _____	Christmas (December)	\$ _____
Priests' Benefit Fund (June)	\$ _____		

I/ we understand changes and/or cancellation must be made in writing, providing 30 days notice.

(Account Holder Signature)

(Date)

(Joint account co-signature)

(Parish Priest Signature)

(Date)

Your information

Name(s) on Bank Account _____

Office use only

Home phone _____ Other phone _____

Control # _____

Home address _____

Address

town

postal code

Bank Name _____

Bank Address _____

address

town

postal code

Bank number _____ Branch _____

Bank account number _____

PLEASE ATTACH A VOID CHEQUE

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 POD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a POP Agreement, I may contact my financial institution or visit www.cdnpay.ca.