

PRE-AUTHORIZATION MONTHLY DONATION FORM



CATHERAL OF HOLY REDEEMER PARISH
15 MT. BERNARD AVENUE
CORNER BROOK, NL A2H 6T2
TEL: (709) 634-5161 FAX: (709) 634-5999

| OFFICE USE ONLY | |
|--|---|
| Envelope Number: | _____ |
| Administrator: | _____ |
| Phone number: | _____ |
| E-mail: | _____ |
| <input type="checkbox"/> Registration of new donor | <input type="checkbox"/> Changes for existing donor |

E-mail: info.hrp@nl.rogers.com

Donor Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____ Envelope # _____ Monthly Gift Amount \$ _____

PLEASE NOTE: THIS IS FOR WEEKEND OFFERINGS ONLY (WHITE ENVELOPE)

Pre-authorized debit (VOID CHEQUE IS REQUIRED)

I/We request/authorize the **Cathedral of Holy Redeemer Parish** to debit my/our account on the 15th of every month, starting the 15th of _____, 20____. I/We also recognize and agree to the following:

- I/We may change the amount of my/our contribution at any time by contacting our financial institution.
- I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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/our recourse rights, I/we may contact my/our financial institution.
- I/We waive my/our right to receive pre-notification of the amount of pre-authorized remittance and agree that I/we do not require advance notice of the amount before the debit is processed.

Signed: _____ Dated: _____

To assist you in completing the Pre-authorized Monthly Donation Form, please choose one of the following:

Option #1: You may drop off the completed form to the Cathedral Parish Office on Mt. Bernard Avenue. A member of the Parish Finance Committee will complete the process for you. Please remember a VOID cheque must be attached with your pre-authorized form.

Option #2: You may take this form to your financial institution to be completed. The Parish banking information is as follows: **Leading Edge Credit Union, Millbrook Mall, Corner Brook**. The account name for financial transfers is **Holy Redeemer Parish**. Once completed, a copy of this form must be sent to the Parish Office.

PLEASE ADHERE TO COVID-19 RESTRICTIONS AT ALL TIMES

The use, retention and disclosure of personal information collected from this form is done in compliance with all applicable federal and provincial privacy legislation, and adheres to the principles of the *Personal Information Protection and Electronic Documents Act* (S.C. 2000, c.5).