

**SYRO MALABAR CATHOLIC COMMUNITY**  
**Pre – Authorized Debit (PAD) Agreement**

Please complete all sections below to authorize Syro Malabar Catholic Community to initiate pre-authorized debit payments from your bank account for donations to Syro Malabar Catholic Community

**Account Information** (Please attach a void cheque) (Fill in Block Letters wherever required)

Account holder name \_\_\_\_\_ ATM # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Bank Name \_\_\_\_\_

Transit# \_\_\_\_\_ Institution# \_\_\_\_\_ Account# \_\_\_\_\_

**Monthly Collection Instructions**

I authorize Syro Malabar Catholic Community to debit my bank account for the following amount \$ \_\_\_\_\_ on the first banking day on or after 15<sup>th</sup> of each month commencing \_\_\_\_\_ 20\_\_.

Parish Operations and Programs	\$
Building Fund	\$
Other Charities	\$
Total	\$

**Authorization**

I understand that I can change or cancel my pre-authorized amounts at any time by notifying the parish office in written or by email to ***calgarysyromalabardirectpay@gmail.com*** with 30 day's notice (***please include your ATM# also in your communication***). I understand that both Syro Malabar Catholic Community and my financial institution reserve the right to terminate this PAD or my participation therein at any time.

Signature of account holder \_\_\_\_\_ Date: \_\_\_\_\_