

**JESUS LIGHT OF THE WORLD PARISH**

11 075 Boul. Gouin W. Pierrefonds, Qc H8Y 1X6 (514) 683-6810

**AUTHORIZATION FOR PRE-AUTHORIZED DEBIT (PAD)**

**Last name, name**

**Address**

**City**

**Postal code**

A receipt for income tax: YES \_\_\_\_\_ NO \_\_\_\_\_ Envelope number: \_\_\_\_\_

Language preference for future communications: English \_\_\_\_\_ French \_\_\_\_\_

I, undersigned, residing at (Full Address) \_\_\_\_\_, hereby authorize the Fabrique of Jesus Light of the World, to automatically withdraw \_\_\_\_\_ dollars on the first day of every month, or the next business day if the 1st falls on a Saturday, Sunday or holiday, from my bank account number \_\_\_\_\_, held at \_\_\_\_\_, better identified by the voided cheque attached to the present. Here is the breakdown of my monthly donation:

	Sunday collections	Church dues	Youth ministry	Helping others	MONTHLY TOTAL
<b>Amount</b>					

I further declare that:

1. This authorization may be revoked by me or my estate at any time by means of a thirty day written notice addressed to the Fabrique Jesus Light of the World;
2. The present authorization is valid for the period of one year from the date indicated below and will be automatically renewed on a yearly basis, unless revoked as indicated above;
3. I will reimburse all bank charges and fees incurred by the Fabrique of Jesus Light of the World due to dishonoured withdrawals by reason of insufficient funds in my bank account, failure to notify the Fabrique of the revocation of the present authorization or any other reason not caused by negligence of the Fabrique Jesus Light of the World.

**X**

\_\_\_\_\_ account holder

**X**

\_\_\_\_\_ if the account is a joint account, both signatures are required

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please join a cheque with the mention "VOID" in ink on the front of the cheque, **and do not sign it.**

**Put this for on the Sunday collection or**

**Return to the secretary the office 11 075 Boul. Gouin W. Pierrefonds, Qc H8Y 1X6 (514) 683-6810**

RESERVED FOR THE ADMINISTRATION

Accepted by \_\_\_\_\_, on (Date) \_\_\_\_\_