

St Martin de Porres

3891 Richmond Road, Nepean, Ontario K2H
Pre-Authorized Debit Agreement

PAYMENT INFORMATION

I/We agree to make a monthly contribution of \$_____ to St Martin de Porres by preauthorized debit commencing in _____ (Month) _____ (Year).

Please make the withdrawal on the 1st of each month or the nearest business day thereafter.

(I understand that this commitment may be altered by giving notice to the church office.)

Name(s) : _____ Signature(s): _____

Date: _____

BANK ACCOUNT INFORMATION

Your Mailing Address: _____

City: _____

Postal Code: _____

Phone #: _____

Names of all Bank Account Holders: _____

Signatures: 1, _____ 2, _____

PLEASE ATTACH A VOID CHEQUE AND COMPLETE THE FOLLOWING:

Branch #: _____ Institution # _____ Account # _____

Branch: _____

Branch Address: _____

City & Province: Postal Code: _____

Thank you for using pre-authorized debit and for your support to our parish.

