



Pre-Authorized Remittance (P.A.R)

The undersigned hereby authorizes Holy Trinity Parish to withdraw pre-authorized remittances from my bank account to be withdrawn as follows:

Contributions for: \$_____ Sunday Offering \$_____ Parish Building Fund

To be taken out: _____ 1st of month _____ 15th of month

Last Name: _____ First Name: _____

Full Mailing Address: _____

Postal Code: _____ Telephone: _____ Envelope #: _____

My Financial Institution is hereby authorized to debit the following account:

Name of Financial Institution: _____

1. All amounts payable to the parish drawn on or directed to you by a chartered bank on behalf of the Holy Trinity Pastoral Unit.
2. This authorization may be cancelled at any time upon at least **10 days** written notice.
3. You have certain recourse rights if any debit does not comply with this agreement. You have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement.
4. Any delivery of this authorization to you constitutes delivery by the undersigned.

Date: _____ Signature: _____

Please attach a sample cheque marked "VOID"

If you have any questions, please call the Parish office at 902-865-2112