



**ST. GABRIEL THE ARCHANGEL CATHOLIC PARISH**  
 316 Windermere Drive, Chestermere, AB T1X 0B9  
 Ph. 403-455-0196 Fax: 403-455-0335 Email: office@saintgabrielparish.ca

**AUTOMATIC DONATION WITHDRAWAL**  
Pre-Authorized Debit/Credit Signup

I want to support St. Gabriel the Archangel Catholic Parish through regular monthly donations. Please debit my bank account or charge my credit card as directed below:

- DEBIT/BANK ACCOUNT (please attach VOID cheque)
- VISA Acct #: \_\_\_\_\_ Expiry: \_\_\_\_\_
- MASTERCARD Acct #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Please debit/credit my account on the following schedule:

- Monthly Schedule -- on the: 1<sup>st</sup> Day of the Month \_\$ \_\_\_\_\_
- OR-** the: 15<sup>th</sup> Day of the Month \_\$ \_\_\_\_\_
- Bi- Monthly Schedule -- on the: 1<sup>st</sup> **AND** the 15<sup>th</sup> of the Month \_\$ \_\_\_\_\_

My donation should be applied as follows (please specify the \$\$ amount for each category/payment):

General Fund: \_\$ \_\_\_\_\_ Together in Action: \_\$ \_\_\_\_\_  
 Building Fund: \_\$ \_\_\_\_\_  
 Special Collection: \_\_\_\_\_ Amount: \_\$ \_\_\_\_\_  
(please specify)  
 Special Collection: \_\_\_\_\_ Amount: \_\$ \_\_\_\_\_  
(please specify)

*(If left unspecified the donation will go towards the General Fund. The first debit will take place on the next deposit date following receipt of this request.)*

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

Donor Name (please print): \_\_\_\_\_

Envelope Number (if currently have one): \_\_\_\_\_

Address / Contact Information: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

This donation is made on behalf of: \_\_\_\_\_ an Individual \_\_\_\_\_ a Business

I may revoke my authorization at any time by providing written notice, subject to providing notice of 30 days in advance of the next withdrawal. I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any debit/credit that is not authorized or is not consistent with this PAD Agreement. To obtain a cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

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*Parish Office: All completed forms will be kept in a secure file and placed in the safe.*