



Parishioner Pre-Authorized Donations Form

Saint Patrick Basilica Parish 281 Nepean Street | Ottawa ON K1R 5G2 | Tel 613 233-1125 | Fax 613 234-8667 | info@basilica.ca

Name _____ Phone _____ - _____ Post Code _____
(Please be registered, or attach a completed registration form, when completing this form)

Frequency Period (check one):

- ____ Weekly
- ____ Monthly
- ____ One Time (Preferred day of Month ____)

Direct Donation to:

- Sunday Offering: \$ _____
- Clergy: \$ _____
- Restoration: \$ _____
- Other: \$ _____ Specify: _____

Please return this completed form by mail, collection basket or to the office.

Amount per period \$ _____ Start Date: _____ End Date: _____ (blank for open ended)

DONATION USING AUTO DEBIT (Please return this form with a VOID CHEQUE)

DONATION USING Credit Card  OR  (Please do not E-Mail credit card information)

Card Number: _____ Expiration Date: MM/YY _____ / _____

For Auto Debit or Credit card donations you have certain rights if any transaction does not comply with this agreement. For example you have the right to receive reimbursement for any transaction that is not authorized or is not consistent with this agreement. You may also request to stop future transactions at any time, via phone, mail or collection basket, and we will respect with your requests within 7 days. For more information on recourse rights please contact your financial institution or visit www.cdnpay.ca.