



SHEPHERDS OF FAITH



Eparchy of Mississauga

Pre-Authorized Debit (PAD) Agreement

Full Name:

Address: City: Province: Postal Code:.....

Mobile: Home Phone: Email:

Parish/Mission: Envelope #.....(if available)

I want to support the Eparchy Of Mississauga through a monthly donations. Please debit my bank account **(please attach a Void Cheque)**

\$30, \$50, \$75, \$100, any other, \$..... (specify)

You, the payer may revoke your authorization at anytime subject to providing written notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, please contact your financial institution or visit www.payments.ca.

Canada Revenue Agency Charitable Registration Number 757966320RR0001, Eparchy of Mississauga

Name of the Bank:.....

Account #..... **Transit#:** **Bank Code:**

Preauthorized giving, bank account will be debited on the 15th of every month

X

Signature of the Account Holder

Name of the Account Holder: Date:

Tax receipts will be issued only in the name and address mentioned above

For change & cancellation please contact Sabu George 647 500 3765,
accounts@shepherdsoffait.com www.shepherdsoffait.com,
Eparchy of Mississauga, 6630 Turner Valley Road, Mississauga, ON, L5N 2P1