



St. Josaphat Ukrainian Catholic Cathedral  
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AUTHORIZATION FORM FOR PRE-AUTHORIZED DEBITS (PADS)

**I want to support St. Josaphat Ukrainian Catholic Cathedral through monthly donations for the four (4) Sundays of the month.**

**Please debit my bank account once a month: (*attach VOID cheque*)**

\_\_\_ \$60 \_\_\_ \$80 \_\_\_ \$100 or Other Amount \_\_\_\_\_ (specify)

*The debit will be processed to your account on the 1st day of each month or the next business day.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Envelope # (if one has already been assigned to you): \_\_\_\_\_

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

I may change the amount of my contribution at any time subject to providing notice of 15 days.

I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca).

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 that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.payments.ca](http://www.payments.ca).