



**SAINT MARY ANTIOCHIAN ORTHODOX CHURCH**  
كنيسة رقاد السيدة العذراء الأنطاكية الأرثوذكسية في ميسيساغا

**Pre-Authorized Debit (PAD) / Credit Card Recurring Agreement**

I want to support Saint Mary's Antiochian Orthodox Church – Mississauga through monthly donations.

**Member Information**

Donor Name: \_\_\_\_\_ Envelope Number \_\_\_\_\_

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

City /Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

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

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

**Monthly Direct Deposit**

\$50  \$100  \$200  Other Amount \_\_\_\_\_ (Specify)

I may revoke my authorization at any time, subject to providing notice of 30 days. 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 a cancellation form or information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Please debit my bank account monthly: (Please attach VOID cheque) or Scan and E-mail

Bank Name: \_\_\_\_\_

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

City /Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Bank Account number \_\_\_\_\_

**OR**

Please debit my:  None  Visa  MasterCard  Amex

Enter all digits of the card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**The debit will be processed from your account on the 1<sup>st</sup> day of each month or the next business day.**

We agree to accept the PAD Terms and Conditions on page 2 of this agreement.

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

Date \_\_\_\_\_



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## **Pre-Authorized Debit (PAD) Terms & Conditions**

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I/we authorize Saint Mary's, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments.

Regular monthly payments will be debited to my/our specified account on the 1<sup>st</sup> day of each month or the next business day. Saint Mary's will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Saint Mary's has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

Saint Mary's may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**Thank you for your generous  
donation**

**“God loves a cheerful giver.”  
- 2 Corinthians 9:7**

**When the form is complete, Mail or Scan & E-mail to**

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**Saint Mary's Antiochian Orthodox Church – Mississauga**

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Tel: (647) 463-9333

Email: [fathereliasayoub@hotmail.com](mailto:fathereliasayoub@hotmail.com)