

Holy Redeemer Parish
44 Rothesay Drive
Kanata, Ontario, K2L 2X1
Telephone - 613-836-1764
Fax - 613-836-5973
E-mail- ctw@holyredeemer.ca

Dear Friends in Christ,

Thank you for making the decision to register for Holy Redeemer Parish's Direct Deposit initiative. We hope that in taking this step, we will make it easier for you to make your donations to our church year round. Thank you for your continued generosity.

**PRE-AUTHORIZED PAYMENT AUTHORIZATION
MONTHLY CONTRIBUTION**

Payer Name(s) _____ Envelope # _____
Address _____
City/Province/Postal Code _____
Phone Number _____ E-mail Address _____
Void Cheque Attached/Enclosed _____
Would you like a box of envelopes: YES: _____ NO: _____

I (we) authorize HOLY REDEEMER PARISH, 44 Rothesay Drive, Kanata, ON, K2L 2X1, 613-836-1764, to process debit, in paper, electronic or other form in the amount of:

1st of Month / 15th of Month

\$ _____ \$ _____ Sunday Collection (White Envelope)
\$ _____ \$ _____ Mortgage Collection (Blue Envelope)
\$ _____ \$ _____ Youth Ministry Collection (Yellow Envelope)

\$ _____ \$ _____ Subtotal

_____ Total Monthly Donation to the Church from my (our) account
beginning on the 1st of _____, 20____.

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

Signature of Payer(s) _____ Payer(s) _____ Date: _____

All changes requires one month notice.

Office Use: _____ Withdrawal _____ Amount Adjustment _____ Master List D.D. _____ Bank