

IMMACULATE CONCEPTION PARISH

386 Rogers Street, Peterborough, ON K9H 1W7

PRE-AUTHORIZED OFFERING PLAN (POP)

Questions? Call the parish office at: 705-742-5466 or e-mail: office@immaculatepeterborough.ca

I want to support Immaculate Conception Parish, Peterborough, ON, through pre-authorized payments.

(Please print)

I/we _____ hereby authorize Immaculate Conception Parish to withdraw the amounts specified below beginning (insert date) _____ from my/our account and deposit said funds to the general account of Immaculate Conception Parish, Peterborough, ON in lieu of Sunday Offertory Envelopes, a **void cheque must be attached below**.

Offertory can be withdrawn from your account once or twice per month according to your instructions here:

- Please debit my account on the 15th monthly for Offertory \$ _____ for St. Vincent de Paul \$ _____
- Please debit my account on the 30th monthly for Offertory \$ _____ for St. Vincent de Paul \$ _____

Optional – donations for Special Collections will be withdrawn from your account on the 15th of the month, specified below:

| | | | |
|--|----------|-------------------------------------|----------|
| ▪ Please debit my account on the 15 th of the specific month for the following Special Collections: | | | |
| Other Lenten charities (Mar) | \$ _____ | Diocesan Special Collection (July) | \$ _____ |
| Share Lent (March) | \$ _____ | | |
| Good Friday (April) | \$ _____ | Vocations & Campus Ministry (Aug) | \$ _____ |
| Easter (April) | \$ _____ | Needs of the Canadian Church (Sept) | \$ _____ |
| Papal charities (May) | \$ _____ | World Missions (Oct) | \$ _____ |
| Priests' Benefit Fund (June) | \$ _____ | Christmas (Dec) | \$ _____ |

I/ we understand changes and/or cancellation must be made in writing.

(Account Holder Signature)

(Date)

(Joint account co-signature)

(Parish Priest Signature)

(Date)

Your information

Name(s) on Bank Account _____

Phone _____

Email _____

Address _____ town _____

Office use only
Parishioner # _____

_____ postal code

PLEASE ATTACH A VOID CHEQUE HERE

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 POP Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca. I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a POP Agreement, I may contact my financial institution or visit www.cdnpay.ca.