



Roman Catholic Diocese of Peterborough

PRE-AUTHORIZED OFFERING PLAN (POP)

HOLY ANGELS CATHOLIC CHURCH

**Questions? Please contact the parish office:
613-397-3189 office@stalphonsuswooler.ca**

(Please print)

I/we _____ want to give my/our offering to my/our parish _____ (hereafter “parish”) via the pre-authorized offering plan. I/we hereby authorize the parish to withdraw the amounts specified below beginning *(insert date)* _____ from my/our account and deposit said funds to the general account of the parish. In lieu of Sunday Offertory Envelopes, **a voided cheque is enclosed**. A blank VOID cheque can be accessed online through your chartered bank and submitted as a pdf.

Offertory can be withdrawn from your account once or twice per month according to your instructions below:

Please debit my account on the 15th monthly for Offertory \$ _____
Please debit my account on the 30th monthly for Offertory \$ _____

Optional – donations for Special Collections will be withdrawn from your account on the 15th of the month, specified below: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

Other Lenten Charities (Mar) \$ _____	Good Friday (2020 Sept) Needs of the Canadian Church (Sept)	\$ _____ \$ _____
Share Lent (March) \$ _____	Papal charities (2020 Oct)	\$ _____
Easter (2020 April) \$ _____		
Priests’ Benefit Fund (June) \$ _____	World Missions (Oct)	\$ _____
Diocesan Special Collection (July)\$ _____	Priests’ Benefit Fund (NEW POP 2020 Nov)	\$ _____
Diocesan Ministries (Aug) \$ _____	Christmas (Dec)	\$ _____

I/ we understand changes and/or cancellation of this Plan must be made in writing, providing 30 days’ notice.

Account Holder Signature

Date

Joint account co-signature

Parish Priest Signature

Date

Your information

Name(s) on Bank Account _____		Office use only Control # _____
Home phone _____	Other phone _____	
Home address _____		_____
Address	town	postal code
Bank Name _____		
Bank Address _____		_____
address	town	postal code
Bank number _____	Branch _____	
Bank account number _____		
PLEASE ATTACH A VOID CHEQUE		

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 POD 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.