



St. Alphonsa Syro-Malabar Catholic Parish, Cambridge

(Syro-Malabar Catholic Eparchy of Mississauga)

Pledge form

Name:
Address:
Postal Code:
Tel No:
Email:
Void Cheque Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No

I/We authorize St. Alphonsa Syro-Malabar Catholic Parish (St.Alphonsa Catholic Mission), Cambridge to debit from my/our account on the 1st of every month.

I/We wish to offer (select from options)

\$25/Month

\$50/Month

\$75/Month

\$100/Month

As payor, you may change or revoke your authorization at any time in writing subject to provide notice of 30 days. To obtain a sample cancellation form or more information on your right to cancel a PAD agreement, contact your financial institution or visit www.payments.ca

Signature: _____

Date: _____

For Parish Use Only

Date received: _____ Date of Deduction: _____

Please enclose a void cheque along with this form