



Roman Catholic Diocese of Peterborough

St. Joseph's Douro

PRE-AUTHORIZED OFFERING PLAN (POP)

Questions? Please contact the parish office:
(705)652-3231 office@stjosephsdouro.ca

(Please print)

I/we _____ want to give my/our offering to my/our parish **St. Joseph's Douro** (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Offertory can be withdrawn from your account once or twice per month according to your instructions below: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Optional – donations for Special Collections will be withdrawn from your account on the 15th of the month, specified below: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 15 th of the specific month for the following Special Collections:			
Other Lenten Charities (Mar)	\$ _____	Good Friday (2020 Sept)	\$ _____
Share Lent (March)	\$ _____	Needs of the Canadian Church (Sept)	\$ _____
Easter (2020 April)	\$ _____	Papal charities (2020 Oct)	\$ _____
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

Home phone _____ Other phone _____

Control # _____

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 POP Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpgy.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.cdnpgy.ca.