



FAITHFUL STEWARD ENROLMENT FORM
PRE-AUTHORIZED CHEQUING AUTHORIZATION



TO: Catholic Missions In Canada (“C.M.I.C.”)
FROM: Account Holder (“Donor”)

_____ ()
Full Name **Telephone Number**

_____ **Address** **City** **Province** **Postal Code**

Financial Institution (“Bank”)

_____/_____/_____
Name of Bank **Transit No. (5 Digits)** **Institution No. (3 Digits)** **Account No.**

_____ **Address** **City** **Province** **Postal Code**

Terms of Authorization to Debit the Above Account

The Donor authorizes C.M.I.C. to debit the above account in the amount of \$ _____ on the **15th day** of each month for payments payable to C.M.I.C. in respect to the **Faithful Steward Program**.

The Bank is not required to verify that any debits drawn by C.M.I.C. are in accordance with this authorization or the agreement made between the Donor and C.M.I.C.

The Donor acknowledges that disputes are matters to be resolved between C.M.I.C. and the Donor.

It is acknowledged that in order to revoke this authorization the Donor must provide written notice to C.M.I.C. This authorization may be cancelled at any time upon written notice by the Donor to C.M.I.C.

The Donor will notify C.M.I.C. promptly in writing if there is any change in the above information.

Any delivery of this authorization to C.M.I.C. constitutes delivery by the Donor to the Bank. The Donor acknowledges receipt of a copy of this authorization.

Authorized Signature of Account Holder

Date