

# CUSTOMER AUTOMATED FUNDS TRANSFER (CAFT) AGREEMENT

For: **HOLY CROSS CHURCH**

Date: \_\_\_\_\_

I want to support ***Holy Cross Church*** through regular donations.

**Please debit my bank account:** *(please attach a VOID cheque)*

\_\_\_\_\_ **\$25**    \_\_\_\_\_ **\$50**    \_\_\_\_\_ **\$75**    **Other Amount** \_\_\_\_\_ (specify)

**The debit will be processed to your account on the:** *(please check one)*

\_\_\_ 1<sup>st</sup> day of each month    \_\_\_ 15<sup>th</sup> day of each month    \_\_\_ Last day of each month

\_\_\_ Weekly, on Monday or the next business day.

**Beginning on the** \_\_\_\_\_ **of** \_\_\_\_\_ **in 20**\_\_\_\_\_.

Day

Month

Year

Signature: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Address/Contact Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This donation is made on behalf of:** \_\_\_\_\_ **an Individual**    \_\_\_\_\_ **a Business**

I may revoke my authorization at any time, subject to providing a **WRITTEN NOTICE OF 30 Days**. To obtain a sample cancellation form, or for more information on my right to cancel a CAFT Agreement, I may contact my financial institution or visit **www.cdnpay.ca**.

HOLY CROSS CHURCH  
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Winnipeg, MB R2H 1E3  
Tel: (204) 233-7367  
Fax : (204) 233-5355  
E-mail: office@holycrossparish.ca

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