

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)*

___ 1st day of each month ___ 15th 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
252 Dubuc Street
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.