



# HOLY CROSS PARISH

ARCHDIOCESE OF ST. BONIFACE | 252 Dubuc Street, Winnipeg, Manitoba, R2H 1E3



Dear Parishioner,

To better serve your needs as a contributor to Holy Cross Parish we are offering parishioners an easier, more convenient way to make your contributions.

In conjunction with the National Bank of Canada, Holy Cross parishioners will have the opportunity to give their contributions by direct withdrawal from their bank.

Holy Cross Parish will continue to issue Collection Envelopes. Even if you choose direct withdrawal, feel free to occasionally use your envelopes or even use a bank envelope as a token of your offering.

Enclosed is an authorization form if you wish to participate in the pre-authorized payment plan. If you have any questions please call the parish office at 233-7367.

Thank you for your support and kind generosity.

Yours sincerely,

Fr. Martin Bradbury

Pastor

**Tele:** (204) 233-7367  
**Fax:** (204) 233-5355

**E-mail:**  
[hc.office@shawlink.ca](mailto:hc.office@shawlink.ca)

**Website:**  
[www.holycrossparish.ca](http://www.holycrossparish.ca)

# PRE-AUTHORIZED DEBIT (PAD) 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 notice of **30 days**. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit **www.cdnpay.ca**.

HOLY CROSS CHURCH  
252 Dubuc Street  
Winnipeg, MB R2H 1E3  
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Fax : (204) 233-5355  
E-mail: hc.office@shawlink.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 PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit **www.cdnpay.ca**.