PRE-AUTHORIZED DONATION

PRE-AUTHORIZED DONATION (PAD) FORM

*Please Print	
Saint Isidore Parish	1135 March Road, Kanata, Ontario K2K 1X7
Last Name:	Given Names:
Address:	
Email Address:	
Phone Number(s):	
I plan to support my parish twithdrawals from my account	financially on a monthly basis with automatic nt on the:
\Box 1 st day of the month	□ 15 th day of the month
Total Amount to transfer mo	onthly: \$
(Sunday General Offering \$, Mortgage \$)
Please attach a VOID che	eque.
A void cheque is available fro	m your bank online.
With your email request, pleas request by email is considered	se attach a scanned copy of a void cheque. Your an electronic signature.
Be sure to send us all the infor	rmation requested in the form above.
Signature:	Date:
This request may be withdrawn b	by email or written letter by you at any time.
Please send email to adm	in1@StIsidoreKanata.com or mail to
St. Isidore Parish 1135 N	March Road, Kanata Ontario K2K 1X7