

**Holy Redeemer Parish**  
44 Rothesay Drive  
Kanata, Ontario, K2L 2X1  
Telephone - 613-836-1764  
Fax - 613-836-5973  
E-mail- [ctw@holyredeemer.ca](mailto:ctw@holyredeemer.ca)

Dear Friends in Christ,  
Thank you for making the decision to register for Holy Redeemer Parish's Direct Deposit initiative. We hope that in taking this step, we will make it easier for you to make your donations to our church year round. Thank you for your continued generosity.

**PRE-AUTHORIZED PAYMENT AUTHORIZATION  
MONTHLY CONTRIBUTION**

Payer Name(s) \_\_\_\_\_ Envelope # \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province/Postal Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Void Cheque Attached/Enclosed \_\_\_\_\_  
Would you like a box of envelopes: YES: \_\_\_\_\_ NO: \_\_\_\_\_

I (we) authorize HOLY REDEEMER PARISH, 44 Rothesay Drive, Kanata, ON, K2L 2X1, 613-836-1764, to process debit, in paper, electronic or other form in the amount of:

1st of Month / 15th of Month		
\$ _____	\$ _____	Sunday Collection (White Envelope)
\$ _____	\$ _____	Youth Ministry Collection (Yellow Envelope)
\$ _____	\$ _____	Subtotal
_____		Total Monthly Donation to the Church from my (our) account beginning on the 1st of _____, 20____.

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

Signature of Payer(s) \_\_\_\_\_ Date: \_\_\_\_\_  
**All changes requires one month notice.**

**Office Use:**    \_\_\_ Withdrawal    \_\_\_ Amount Adjustment    \_\_\_ Master List D.D.    \_\_\_ Bank