Pre-Authorized Remittance (P.A.R.) Option St. Rose of Lima Parish 9 Jamieson Drive, Fall River, Nova Scotia B2T 1E5 Phone (202) 960 0475 Fam (202) 861 2576

Phone: (902) 860-0475 Fax: (902) 861-2576

Please use this form for your initial sign up or to change your authorization.

	count or credit card payable to St. Rose of Lima Parish. To be withdrawn as follows: \$_	·
beginnii	ng on the (please state either "1st" or "15 th ")day of	•
Last Na	me:	
First Na	me and Initials:	-
Full Ma	iling Address:	-
	Postal Code	-
Telepho	ne Number: Envelope Number	
Please c	heck either preauthorized credit card or preauthorized debit:	
	Pre-Authorized Credit Card	
	MASTERCARDVISAAMERICAN	NEXPRESS
	Card Number:	
	Expiry (MM/YY):	
	My Financial Institution is hereby authorized to debit the following according	unt:
	Name of Financial Institution:	
	Branch Address/Location:	
	Account Number:	
	Please attach a sample cheque marked "VOID"	
1.	ll amounts are payable to St. Rose of Lima Parish and are drawn on or directed to you by my current financial institution or credit card account ecified above on behalf of St. Rose of Lima Parish.	
2.	Your treatment of each remittance shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified above to the account of the undersigned.	
3.	I acknowledge that a P.A.R. transaction may be disputed by me if the P.A.R. transaction was not drawn in accordance with my authorization and that I have 90 calendar days to make a declaration to my financial institution in order to make a claim for an incorrect transaction.	
4.	This authorization may be cancelled at any time upon written notice.	
5.	Any delivery of this authorization to you constitutes delivery by the undersigned.	
Date:	X	
This co	Signature (as you sign your cheque) ompleted form and void cheque may be deposited in the regular Sunday coll For assistance, please contact the Parish Office 860-0475.	lection plate or sent to the Parish