Archdiocese of Vancouver
BENEFITS OFFICE

JOHN PAUL II PASTORAL CENTRE
4885 Saint John Paul II Way
Vancouver, BC V5Z 0G3 | T: 604-683-9310

Retiree Benefit Plan Programme

Personal Pre-Authorized Debit (PAD) Agreement

1. Personal Information (Please print clearly)

First Name:	
Last Name:	
Employee ID Number:	
Street Address:	
City / Province:	
Postal Code:	
Telephone Number:	

2. Bank Account Information: Attach VOID cheque

Financial Institution Number/Name:	
Account Number:	
Branch Transit Number:	

Please attach a VOID cheque.

You, the Retiree Member (Payor) hereby authorize Roman Catholic Archbishop of Vancouver (RCAV to debit the bank account identified on the attached void cheque every 1st of the month.

Signature of the Account Holder:	Signature of Joint Account Holder (if applicable):
Printed Name:	Printed Name:
Date:	Date:

FOR BENEFITS ADMINISTRATION OFFICE'S USE ONLY

Premium Amount: _____