

JOHN PAUL II PASTORAL CENTRE

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

## **Pre-Authorized Debit (PAD) Agreement**

1. Personal Information (Please print clearly)		
Employer (School/Parish):		
Division Number:		
Street Address:		
City / Province:		
Postal Code:		
Telephone Number:		
2. Bank Account Information: Attach VOID cheque.		
Financial Institution Number/Name:		2845 Date
Account Number:	Pay to the Order of	\$ Dollars
Duran de Turan dit Manuel ann		VOID Solids
Branch Transit Number:	Memo I: 8587171	
Please attach VOID cheque.		
You, the School/Parish (Payor), authorize the Roman Catholic Archbishop of Vancouver		
(RCAV) to debit the bank account identified on the attached void cheque as a payment		
for the Monthly Benefit Premium.		
Authorized Signature:		Authorized Signature:
Printed Name:		Printed Name:
Date:		Date: