

Your Finance Committee reviewed the feasibility of offering an automatic debit program for making your support donations to our parish, following a number of requests from parishioners. We are pleased to announce that this service is now available.

Background:

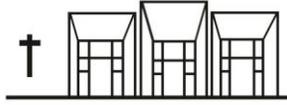
1. Today many parishioners use Credit Cards, Debits Cards and carry little cash; this method of making our offerings has proven to be an excellent and efficient way to support the parish financial needs in other parishes who have implemented an Automatic Debit Program and we expect you too will find it to be very easy and efficient.
2. Some parishioners have asked about the collection taken up at Mass and what they should do when the collection basket is passed through the church. Since you will still receive your regular envelopes, you can simply place them in the collection basket; only we will know that your contributions are being made automatically.
3. The question has also come up about the special monthly collections throughout the year. You will continue to use the envelopes for special collections (that are in your envelope packages) as usual.
4. There are some who worry about being locked into a system and how that might affect them if their situation changes. This program has been designed to make things easier for you and can be cancelled or adjusted at any time, as long as we get notified 10 days prior to the withdrawal date.

As you consider your monthly contribution for the year, please remember that as the cost of living goes up for you, it also goes up for the parish. If you haven't increased your contribution recently, perhaps this is a time to prayerfully consider this, as you think about your commitment to the parish and/or joining the Automatic Debit Program.

It will work as follows:

1. Please consider if you wish to participate, then decide on the amount of MONTHLY contribution you wish to make to the parish this year and choose an amount for General Funds and the Building and Restoration Fund (see Page 8).
2. Complete the attached banking information, providing us the necessary information about your Bank and include a VOID cheque (which is needed by our bank). This information will of course be kept strictly confidential at all times.
3. Return the completed forms to Sandra Hanley, by email or by placing them inside a sealed envelope in the weekly collection basket.
4. When the required paperwork is completed and received, the Office will enter your data into the online banking system and your bank account will be debited once per month, on the 28th day. This arrangement will continue, until we receive instructions from you to adjust your contribution(s) and/or stop the process.

If you have any questions, please do not hesitate to contact Sandra Hanley, our Parish Administrator, at (613) 389-3532 or by email at ourladyoflourdes@cogeco.ca



Tel: 613-389-3532

Our Lady of Lourdes Parish
490 Days Road, Kingston, Ontario K7M 5R4

Fax: 613-389-5619

Dear Pre-Authorized Debit Participant:

Please complete the first page enclosed:

- Payor Information (all this section and sign)
- Payor Financial Institution
- Page 8 Payment Information Box – complete General Offerings amount and
 - Building Restoration Fund amount
 - Fixed Amount total per Month amount
- Sign on page 9, Signature of Payor
- Sign and date Page 14 (near the bottom of the page)

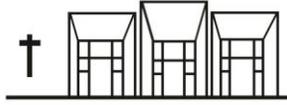
Return all forms to the church as soon as possible. You can mail them or drop them into the office, or place them in the collection basket for my attention.

If you have any questions please call the church office 613-389-3532, or call for an appointment and we will gladly assist you.

The withdrawal will be made from your bank account on the 28th of each month. We will process your request and notify you when the first withdrawal will be made.

Thank you for your participation.

Sandra Hanley
Office Administrator
Our Lady of Lourdes Parish



Tel: 613-389-3532

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490 Days Road, Kingston, Ontario K7M 5R4

Fax: 613-389-5619

SCHEDULE "B"
PAYOR'S PAD AGREEMENT
Personal Pre-Authorized Debit Plan
Authorization of the Payor to the Payee to Direct Debit an Account

Instructions:

1. Please complete all sections to authorize your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions in these documents.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.
4. If you have any questions, please write or call the Payee.

PAYOR INFORMATION *(Please type or print clearly)*

| | |
|------------------------|-------|
| Payor Name(s): | |
| Address: | |
| Telephone: | |
| Signature of Payor(s): | Date: |

PAYOR FINANCIAL INSTITUTIONAL/BANKING INFORMATION *(Please type or print clearly)*

| Branch Number | Institution # | Account Number |
|-------------------------------|---------------|----------------|
| | | |
| Name of Financial Institution | | |
| Branch | | |
| Branch Address | | |
| City/Province | | Postal Code |

PAYEE INFORMATION *(Please type or print clearly)*

| |
|---|
| Payee Name(s): |
| Address: Number, Street/Avenue/Blvd/Crsc/City/Province/Postal Code |
| Telephone: |
| Fax: |
| Email: |

Please specify whether the payment is a Fixed amount: (please specify) Total per month \$ _____
(Please check) **OR**
General Offerings \$ _____ Variable Amount: If variable, please specify whether
Building Restoration Fund \$ _____ there is a maximum amount or indicate N/A if there is no
maximum amount: _____

Occurring at: **Set intervals:** Please specify the timing:
(Please check one) _____ weekly **OR** _____ monthly
Sporadic intervals
The Payor must describe the occurrence of an Event or
other criteria that will trigger the debit of the account
 Mandatory Description here: _____

Are top-ups or adjustments permissible? Yes
(Please check one) No

This form is for PADs which relate to commercial activities of a Payor who is a corporation, organization, trade, association, government, entity, profession, venture or enterprise.

1. In this Agreement “we”, “us” and “our” refers to the Payor indicated on the reverse hereof.
2. We agree to participate in this Business Pre-Authorized Debit Plan and we authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for goods or services related to our commercial activities (a “Business PAD”) on our account indicated on the next page hereof (the “Account”) at the financial institution indicated on the reverse hereof (the “Financial Institution”) and we authorize the Financial Institution to honour and pay such debits.

This Agreement and our authorization are provided for the benefit of the Payee and our Financial Institution and are provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the Rules of the Canadian Payments Association.

We agree that any direction we may provide to draw a Business PAD, and any Business PAD drawn in accordance with this Agreement, shall be binding on us as if signed by us, and, in the case of paper debits, as if they were cheques signed by us.

3. We may revoke or cancel this Agreement at any time upon notice being provided by us either in writing or orally. We acknowledge that in order to revoke or cancel the authorization provided in this Agreement, we must provide notice of revocation or cancellation to the Payee.

This Agreement applies only to the method of payment and we agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between us and the Payee.

The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PADs.

We understand that we may obtain a sample cancellation form, or further information on our right to cancel a PAD Agreement, at our Financial Institution or at www.cdnpay.ca

4. We agree that our Financial Institution is not required to verify that any Business PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Business PAD.
5. We agree that the delivery of this Agreement to the Payee constitutes delivery by us to our Financial Institution. We agree that the Payee may deliver this Agreement to the Payee’s financial institution and agree to the disclosure of any information which may be contained in this Agreement to such financial institution.
6. (a) We understand that with respect to:
 - (i) fixed amount Business PADs occurring at set intervals, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days for Paper PADs / 15 calendar days for Electronic PADs before the due date of the first Business PAD, and such notice shall be received every time there is a change in the amount or payment date(s);
 - (ii) variable amount Business PADs occurring at set intervals, we shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of every Paper PAD/15 calendar days for Electronic PADs before the due date of the first Business PAD and

(iii) fixed amount and variable amount Paper and/or Electronic Business PADs occurring at set intervals, where the Business PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of our direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.

OR

(b) We agree to either waive the pre-notification requirements in section 6(a) of this Agreement or to abide by any modification to the pre-notification requirements as agreed to with the Payee.

Signature of Payor

Signature of Payor

7. We agree that with respect to Business PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute a valid authorization for the Payee or its agent to debit our account.
7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
9. I understand that I have certain recourse/reimbursement rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement of any debit that is not authorized or is not consistent with this PAD Agreement. I understand that I may obtain more information on my recourse/reimbursement rights by contacting my financial institution or visit the CPA website at www.cdnpay.ca.
10. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this agreement below. In addition, I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms to the requirements of Rule H1.
11. I agree that a payment service provider will administer the PAD. [INSERT NAME] will be administering the PAD.
12. I understand and agree to the foregoing terms and conditions.
13. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
14. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la presente convention et tous les documents s'y rattachant soient rediges et signes en anglais.

Name of Account Holder

Signature

Date

Name of Account Holder

Signature

Date