

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: | ER | |
| Street Address: | | |
| City / Province: | | |
| Postal Code: | | |
| Telephone Number: | | |
| 2. Bank Account Information: Attach VOID cheque. | | |
| Financial Institution Number/Name | . Trāvista | 4615 |
| Account Number: | Pay to the | \$ s |
| , recount in amber. | | VUID Dollars |
| Branch Transit Number: | Memo : 858717 | 13 C18635887571C 11638 |
| Please attach VOID cheque. | | SHEET CONTROL OF CHILD SECTION OF CHILD |
| 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: |