

PRE-AUTHORIZED DEBIT PLAN
Authorization of the Payer to the Payee to Direct Debit an Account
Holy Rosary Church (Payee)
139 Martin Street, Milton, ON L9T 2R3

1. Please complete all sections in order to make payments directly from your account.
2. Please read the Terms and Conditions attached to this document.
3. Return the completed form with a blank cheque marked "VOID" to the parish office.
4. If you have any questions, please e-mail finance@holynosaryparish.ca or call the parish office at (905-878-6535).

Personal Information (PLEASE PRINT)

All Information Strictly Confidential

Payer's Name(s):	
Address: City:	
Postal Code: Current Envelope Number:	Telephone:
Signature of Account Holder(s): Date:	
E-mail:	Your New ID Number is:

Please Consider the Following

Your sacrificial donations are important to assist in the day-to-day operations of our parish community. Churches in Canada **do not** receive support from Government Grants or from any other sources - we depend solely on the donations of our parishioners to operate the parish. Your donation helps cover the cost of pastoral programs, educational material, maintenance of parish buildings, staff salaries, heat, hydro, office expenses, etc. Your donations also help us to save so that the parish will be cared for in future generations.

Special Collections help us to fulfill obligations we have toward our Diocesan Church and the Catholic Church in Canada and throughout the world. Your help with these obligations is much needed and appreciated.

When determining how much you wish to donate each month, please stop to consider the buying power of the amount you are donating in comparison with your own expenses. For example, the amount you may spend on coffee each week, or the cost of one tank of gasoline for the car, or even on what you may spend on entertainment or alcohol each week. What does your contribution say about the importance that you give to God in your life? As a benchmark for giving, many people use one hour of their wage per week. *We deeply appreciate whatever you are able to contribute.* Please consider your donation prayerfully and carefully.

Regular Sunday Collection

PLEASE NOTE: Due to service charges paid by the parish for this service, this method is cost efficient for minimum donations of \$20.00 per month. For donations less than this, it is highly recommended that contributors use envelopes.

I authorize Holy Rosary Church to withdraw from the stipulated account \$ _____

Monthly on the ☐1st or ☐15th or ☐last day of the month (Circle one)

(continued on reverse)

SPECIAL COLLECTIONS

I additionally authorize Holy Rosary Church to withdraw the following amounts for these Special Collections on an annual basis. These amounts are debited on Tuesday, following the collection in the parish.

Purpose	Amount	Value Date in 2026 (When Debited)
☐ January 1, Mary Mother of God	_____	January 6, 2026
☐ Seminary Education*	_____	February 3, 2026
☐ Easter Flowers	_____	March 17, 2026
☐ Share Lent*	_____	March 24, 2026
☐ Needs of Church in Holy Land (Good Friday)*	_____	April 7, 2026
☐ Easter Offering	_____	April 7, 2026
☐ Pope's Pastoral Works*	_____	May 19, 2026
☐ Building Maintenance Fund	_____	June 2, 2026
☐ Cura Pastorum Collection*	_____	June 16, 2026
☐ Needs of the Canadian Church*	_____	September 29, 2026
☐ Evangelization of Peoples/ World Mission*	_____	October 20, 2026
☐ Christmas Flowers	_____	November 24, 2026
☐ Christmas Offering	_____	December 28, 2026

*** Diocesan Collections.**

The amounts of the above deductions will remain the same from year to year, unless otherwise stipulated in writing.

We can appreciate that even though you wish to use DEFT, you may feel the need to physically place an envelope in the collection. If so, please contact the parish office and a box of envelopes will be provided. Visitor envelopes are also available at the Church entrances.

Please note: You may cancel, top up your donations, or change this information at any time by making your request in writing. Email finance@holynosaryparish.ca or write to Holy Rosary Parish, 139 Martin Street, Milton ON, L9T 2R3. **Please review the Pre-Authorized Giving sheet attached to this form.** We will send a copy of this completed form to you at least 10 days before the first withdrawal.

PLEASE REMEMBER TO ATTACH A VOIDED CHEQUE OR BANK FORM ON THE ACCOUNT FROM WHICH YOU WANT THE FUNDS WITHDRAWN.

Thank you for supporting our parish through pre-authorized debiting.

For Office Use:

☐ Entered into DEFT system by _____

☐ Copy of forms sent to payer on _____

☐ Beginning Date for Holy Rosary _____