**Pre-Authorized Debit Agreement Application**

 New agreement Revisions to current agreement

Catholic Parish of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Envelope No (if applicable) \_\_\_\_\_\_\_\_\_\_

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please debit my bank account for the following monthly amounts:

|  |  |
| --- | --- |
| **MONTHLY OFFERING** | **AMOUNT** |
| Regular Sunday Offering |  |  |
| Together We Serve |  |  |
| Building Fund |  |  |

**Together We Serve** supports:

* Catholic Social Services Sign of Hope
* Society of St. Vincent de Paul-Central Edmonton Council
* Foundation of St. Joseph Seminary and

Newman Theological College

* St. Joseph’s College
* St. Joseph Priests’ Foundation of Edmonton
* Local priority selected by the Archbishop
* Diocese of Mackenzie-Fort Smith
* Evangelization of Peoples
* Needs of the Church in Canada
* Needs of the Church in the Holy Land
* Pope’s Pastoral Works

**Building Fund** includes the main church building, rectory, offices & land & capital expenditures.

1. You may deposit this application in the collection basket in a sealed envelope or mail/deliver to the parish office.
2. A tax receipt for your total annual offerings will be issued before the end of February of the following year.
3. **Please include a VOID cheque or fill out the area below:**

Financial Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Institution Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I (we), as the account holder(s), authorize The Catholic Parish of \_\_\_\_\_\_\_\_\_\_\_\_\_ and my (our) financial institution, to debit, in accordance with the Rules of the Canadian Payments Association, my (our) account at the branch specified above, for the purpose of making a charitable donation to our institutions. This authorization is to remain in effect until The Catholic Parish of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has received written or verbal notification from me (us) of its change or termination.

Signature of account holder(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_