

THE PARISH OF ST. PETER (UPPER GULLIES)
1219 Conception Bay Highway, Conception Bay South, NL A1X 4E9 (709) 744-2648

Pre-Authorized Giving Authorization Form – Direct Debit

_____		_____
Name(s) of Parishioner(s)		Financial Institution
_____	_____	_____
Bank Number	Transit Number	Account Number

I/We the above mentioned parishioner/s authorize the above named parish to debit my/our account indicated above, either:

- 1) in the amount of \$ _____ once per month on the first / fifteenth (*circle one*) of each month; or
- 2) in the amount of \$ _____ twice per month on the first and fifteenth of each month.

These transactions are to begin on _____ and continue until cancelled by me/us. These payments are for contributions in respect to my/our annual financial offerings.

Each contribution shall be the same as if I/we had personally issued a cheque authorizing the bank to pay St. Peter's Church as indicated and to debit the amount specified to my/our account.

I/We will notify St. Peter's parish office promptly in writing if I/we move the account from one bank or branch to another, or if there is any change in the amount. This authorization may be cancelled at any time upon written notice by me/us to St. Peter's Church. Any delivery of this authorization to the parish constitutes delivery by me/us to the bank. I/We are all the persons who are required to sign on the above account. I/We have received a signed copy of this authorization form.

Envelope Number

Date

Parishioner's Signature

Date

Parishioner's Signature

Please attach a "void" cheque to this authorization form.