St. Patrick's Parish

53 Wellington Street, Cambridge, ON N1R 3Y6
T / 519-623-3773 F / 519-623-6526

PRE-AUTHORIZED DEBIT

FOR OFFICE USE ONLY:	ENVELOPE #:	DATE:

Type of Authorization Form: ❑ New Authorization ❑ Change Banking Information
❑ Change Donation Amount ❑ Discontinue Electronic Donation
❑ Change Payment Option

Effective date of authorization: _____

PAYOR INFORMATION

Name in which account is held: _____
(Note: please ensure that the name given matches the name printed on your personal cheques)

Home address: _____
Apt/Unit # Street # Street Name Town/City Postal Code

Phone #: _____ Cell #: _____ Work #: _____

PAYEE INFORMATION: St. Patrick's Parish, 53 Wellington Street, Cambridge, Ontario, N1R 3Y6 519-623-3773
Payment Options:

Please debit my account on the 1st of the month –
My account will be debited on the first of each month the following fixed amount in Canadian Currency:

Amount: $_____

Please debit my account on the 15th of the month –
My account will be debited on the 15th of each month the following fixed amount in Canadian Currency:

Amount: $_____

AGREEMENT:
I authorize St. Patrick's Parish to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature(s): _____ Date: _____

_____ Date: _____

ATTACH YOUR CHEQUE MARKED "VOID"
IN THIS SECTION