

## ST. ANTHONY'S PARISH PRE-AUTHORIZED REMITTANCE AUTHORIZATION

Please complete all the sections below to instruct your financial institution to authorize contributions directly from your account to St. Anthony's Parish.

### PLEASE INCLUDE A BLANK CHEQUE MARKED "VOID" OR A VOID CHEQUE FORM FROM YOUR BANK.

NAME:		PHONE NUMBER
ADDRESS:		CITY:
EMAIL ADDRESS:		POSTAL CODE:
BANK NAME:	BRANCH:	
BRANCH NUMBER:	BANK NUMBER:	ACCOUNT NUMBER:

I (we), as the accountholder(s) authorize St. Anthony's Parish to debit my (our) account until such time as written notice to the contrary is given by me (us). I (we) am aware that the branch of the financial institution at which I (we) maintain the account is not required to verify that any payment is drawn in accordance with this authorization.

#### MONTHLY OR DONATION

Please debit from my (our) account the following amount on the \_\_\_\_\_ banking day of **each month** commencing the month following the date of this form.

General Contribution:     \$ \_\_\_\_\_  
 Together in Action:       \$ \_\_\_\_\_  
 St. Anthony's  
 Food Hampers               \$ \_\_\_\_\_  
 Building & Maintenance: \$ \_\_\_\_\_  
 Total Monthly debit:       \$ \_\_\_\_\_

#### BIMONTHLY DONATION

Please debit from my (our) account the following amount on the \_\_\_\_\_ banking day **each month** and on the \_\_\_\_\_ banking day of **each month** commencing the month following the date of this form.

General Contribution:     \$ \_\_\_\_\_  
 Together in Action:       \$ \_\_\_\_\_  
 St. Anthony's  
 Food Hampers:             \$ \_\_\_\_\_  
 Building & Maintenance: \$ \_\_\_\_\_  
 Total Bimonthly debit:   \$ \_\_\_\_\_

#### SPECIAL ANNUAL DONATIONS

Please debit from my (our) account the following amount on the first banking day on or after the date of **the month** in which the special collection occurs, commencing the month following the date of this form.

Mary, the Mother of God (Jan 1)     \$ _____	Pope's Pastoral Works (May)         \$ _____
Holy Thursday, Needs of the Poor   \$ _____	Needs of the Church in Canada (Sept) \$ _____
Church in the Holy Land (Good Friday) \$ _____	World Mission Sunday (Oct)         \$ _____
Easter                                     \$ _____	Christmas                                 \$ _____

To allow time for processing of changes, I (we) will notify St. Anthony's Parish of any changes in the account information or the termination of this authorization prior to the 10<sup>th</sup> day of any month.

SIGNATURE OF ACCOUNT HOLDER:	DATE:
SIGNATURE OF ACCOUNT HOLDER:	DATE:

Upon receipt of this authorization, you will be sent a copy of this form at the above address as a record. Please put the **completed form**, with a blank cheque marked "VOID" in an envelope and place it in the **collection basket**.