

## 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:                    \$ \_\_\_\_\_

SSVP St. Anthony's:                   \$ \_\_\_\_\_

Building Renovations Fund:         \$ \_\_\_\_\_

Other \_\_\_\_\_                         \$ \_\_\_\_\_

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:                    \$ \_\_\_\_\_

SSVP St. Anthony's                    \$ \_\_\_\_\_

Building Renovations Fund:         \$ \_\_\_\_\_

Other \_\_\_\_\_                         \$ \_\_\_\_\_

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 Mother of the Church Jan 1         \$ _____	Pope's Pastoral Works May                 \$ _____
Holy Thursday Needs of the Poor         \$ _____	Feed the Hungry (St. Anthony) June         \$ _____
Church in the Holy Land (Good Friday)   \$ _____	World Mission Sunday Oct                 \$ _____
Easter   \$ _____	Catholic Education Sunday Nov             \$ _____
Good Shepherd Sunday April               \$ _____	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 30 day prior to next scheduled debit.

SIGNATURE OF ACCOUNT HOLDER:	DATE:
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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**.