

ST. GEORGE'S ANGLICAN CHURCH, THE DIOCESE OF NIAGARA

Pre-Authorized Giving Authorization Form

New*
 Increase
 Decrease
 Change Banking*
 Cancel

Name(s) _____

Address _____

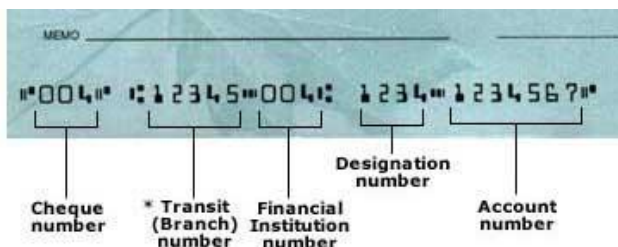
City _____ Postal Code _____

Phone _____ Email _____

*For New or Changed Banking: Please provide a void cheque or complete the table:

Cheque Number (not required)		Transit (branch) Number		Financial Institution Number		Designation Number (not required)		Account Number									

Unsure which number belongs where? Here is an example:



Payments can be taken on any numerical day of the month (i.e., 1st, 15th etc). Please indicate below.

I/we hereby authorize you to debit my/our account each month on the _____ (1st, 2nd, 15th, etc.) in the amount of \$ _____ payable to the Diocese of Niagara*. Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit my/our account accordingly.

This authorization may be canceled upon written notice. Please note that we must receive any change by the 15th of the month in order for it to take effect for the following month.

Signature (1): _____ Date: _____

Signature (2): _____ Date: _____

(Joint account holders require both signatures)

*The Diocese of Niagara remits PAG donations back to St. George's. Please contact the bookkeeper, Tracy Jewell, with any questions or to make changes (bookkeeper@saintgeorge.ca).

