

## 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 first banking day on or after the 20<sup>th</sup> of **each month** commencing the month following the date of this form.

General Contribution:     \$ \_\_\_\_\_

Together in Action;       \$ \_\_\_\_\_

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

Other Contribution       \$ \_\_\_\_\_ (Please Specify) \_\_\_\_\_

Total Monthly debit:     \$ \_\_\_\_\_

### BIMONTHLY DONATION

Please debit from my (our) account the following amount on the first banking day on or after the 1<sup>st</sup> of **each month** and on the first banking day on or after the 20<sup>th</sup> of **each month** commencing the month following the date of this form.

General Contribution:     \$ \_\_\_\_\_

Together in Action;       \$ \_\_\_\_\_

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

Other Contribution       \$ \_\_\_\_\_ (Please Specify) \_\_\_\_\_

Total Bimonthly debit:   \$ \_\_\_\_\_

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**.