

ALL SAINTS' R.C. CHURCH

1415 Royal York Road,
Etobicoke, Ontario M9P 3A7

PRE-AUTHORIZED GIVING AUTHORIZATION FORM

I hereby authorize **All Saints' Parish, Etobicoke, Ontario** to debit my account each month for my/our donation.

My/Our total monthly donation: \$ _____

Name: _____

Address: _____

Postal Code: _____ Telephone: _____

Date: _____ Signature: _____

Please attach a void cheque.

Withdrawals will commence in the next month after authorization form is submitted.

Thank you!

PRE-AUTHORIZED GIVING

1. What is the pre-authorized giving?

When you participate in pre-authorized giving your offering will be withdrawn from your account on or about the 20th of the month. This amount will then be deposited to the parish's account.

Advantages for the donor:

Convenience. Your offering is made automatically every month.

Continual support of your home church when you are away.

No more searching for cash or cheques before mass.

Advantages for the Parish:

Regular, dependable flow of contributions to the parish.

Reduction of paper work and bookkeeping.

2. How do I enroll?

This is how you make your donation through the pre-authorized giving:

Remember your donation will be received on a monthly rather than weekly basis. Decide the amount of your donation to the parish to be withdrawn from your account each month.

Fill out the form below and attach a cheque from your account marked "void".

Put the form and void cheque in an envelope and place in the collection basket or mail to the parish office.

The parish will issue receipts for all donations annually.

Tel. (416) 244-3066 Fax: (416) 244 6195

Email: alsc1415@allsaintsrc.com

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PRE-AUTHORIZED GIVING PLAN

Letter of agreement to change my bank information and/or the amount of my donation

CHANGE OF AMOUNT WITHDRAWN

I hereby authorize my pastor to withdraw from my account each month the amount of \$ _____ as a contribution by me to my parish. See below for allocation.

Offertory: \$ _____ ShareLife: \$ _____

CHANGE OF BANKING INSTITUTION

I have changed my banking institution and enclose a void cheque with the updated information.

Signature of Contributor(s)

Date

This authorization may be cancelled at any time upon written notice to my parish.

NAME: _____

FULL ADDRESS: _____

PHONE NUMBER (_____) _____

ENVELOPE NUMBER: _____

Please return to Parish Office or put in a sealed envelope in Offertory basket on Sunday.