

## FAMILY OF PARISHES PREAUTHORIZED GIVING FORM

Please indicate which Parish you wish to support:

New ☐ Renewal ☐

Our Lady Queen of Martyrs ☐

St. Bernard of Clairvaux ☐

St. Mary ☐

St. Cecilia ☐

### PERSONAL INFORMATION

Last Name

Address

Province

Postal Code

Email Address

First Name

City

Telephone Number

### BANK ACCOUNT INFORMATION

Please include a VOID cheque or bank account information  
Write large letters "VOID" on cheque. Do not sign.,  
Print your name on the back

### WITHDRAWAL INFORMATION

I authorize the parish noted above to make withdrawals from my bank account according to the following

INCREASE 3%, 4% or 5% ANNUALLY TO COMPENSATE FOR INFLATION - Indicate % to increase

schedule: Monthly on 15<sup>th</sup> of month

Collection	Date of Withdrawal	Monthly Amount	
Regular Sunday Collection	3%, 4% or 5% annual increase		
Regular Sunday Collection	No inflation increase "X"		

\*PLEASE ENSURE THAT YOU HAVE SIGNED THIS FORM\*

PLEASE RETURN THIS FORM TO THE OFFICE ALONG WITH A VOIDED CHEQUE  
OR BANK ACCOUNT IDENTIFICATION\*

Thank you for your generous support of our parishes

FOR OFFICE USE ONLY

Date Entered in DDMS:

Regular Sunday Total:

Total Amount Donated: