## PAG Change Form

This is to confirm my request to change my Pre-Authorized Giving Plan. I wish to: **Change of Amount Withdrawn** I hereby authorize St. Patrick's Parish to withdraw from my account each month the amount of as contribution to my parish. This amount is for: Sunday Offering: (min \$25) **Capital Fund:** ShareLife: \$ **Change of Banking Details** I have changed my banking institution and/or account information and have attached a void cheque (or equivalent form from the bank) with the updated information. Cancellation of My Pre-Authorized Giving Plan I wish to cancel my Pre-Authorized Giving Plan withdrawal effective as soon as possible. Are you leaving the parish? Yes or Name of New Parish: If you are moving, please provide your new mailing address: Name of Contributor(s): Date: Address: Home Telephone Number: Mobile Phone Number: **Email Address:** Envelope Number (If applicable):

Email the completed form to **accounting@stpatrick.on.ca**OR you can drop it in the collection box in the church or at the parish office.