

ST. PATRICK'S PARISH

PAG Authorization Form

RECEIVED IN PARISH OFFICE ON:

I/we hereby authorize St. Patrick's Parish, Markham to debit my/our account on the 20th day of each MONTH for my/our donation to:

Sunday Offering (min \$25):	\$	
Building Fund:	\$	
ShareLife:	\$	
Total for the MONTH	\$	

Name(s):

Address:

Postal Code:

Telephone #:

Email:

SIGNATURE(S) OF CONTRIBUTOR(S):

PLEASE ATTACH A VOID CHEQUE (or equivalent form from your bank)

Complete the following **ONLY when NO void cheque (or equivalent form from your bank) is attached:**

Name of Bank/ Financial Institution:

Address:

Telephone #:

Transit #:

Account #:

Withdrawals will commence in the month after the completed authorization form is submitted to the Parish Office.

Email the completed form along with a scanned copy or photo of a cheque marked VOID (or the equivalent form from your bank) to **accounting@stpatrick.on.ca** OR you can drop it in the collection box in the church or at the parish office.