

Pre-Authorized Donations Authorization for Bank Withdrawal



Please check one:

	acc check one.			
	I hereby authorize The Synod of the Diocese of Calgary, Anglican Church of Canada (the "Diocese") to start withdrawing the amount indicated below from my bank account and transfer it to my congregation (which is registered with the Diocese to use this service) on or about the 16 th day of each month beginning with the month shown below until I cancel or change my instructions in writing.			
	hereby authorize The Synod of the Diocese of Calgary, Anglican Church of Canada (the "Diocese") to change the monthly withdrawal from my bank account in accordance with the information provided below.			
		hereby cancel my authorization for The Synod of the Diocese of Calgary, Anglican Church of Canada to withdraw a nonthly amount from my bank account on behalf of my congregation.		
		m (signed and dated) and any subsequer his program (usually the Envelope Secre		
Do	nor Information:		, e	
	Name	E-mail Address		
	Address	Telephone Number		
	City	Province	Postal Code	
Ва	nk Information:			
	Name	Address		
	City	Province	Postal Code	
	Account No.	Branch No.	Institution No.	
Wit	For verification, please attach a bi	lank cheque, marked "VOID", to the complete	ed Authorization. Thank you.	
	Monthly Amount	Starting Month	Starting Year	
	Parish	Location		
Aut	thorized Signature(s) of Account Hol	der	Date	
	NOTE: 30 days' notice	required for changes to the Pre-Authorized I	Donation service.	
Fo	or Parish Use:			
	Donor Code:			