

St Anthony Daniel Parish

Request for Pre-Authorized Offerings

Thank you for indicating your desire to take advantage of the pre-authorized system for your Sunday offerings. We ask that you complete the following form and return it to the parish office along with a sample cheque marked "VOID". We will begin debiting your account the month after we have received your completed form. Please direct any questions to the Parish Office (519-893-6960).

I hereby authorize my/our financial institution to debit my/our account by the amount indicated below:

Weekly offering of \$ _____

or

Monthly offering of \$ _____

Please attach sample cheque marked VOID

Name: _____

Address: _____

Current Envelope # (if applicable): MS122 _____

Signature: _____ Date: _____

Signature: _____ (if joint account and two signatures required on a cheque)

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PLEASE DETACH AND KEEP FOR YOUR RECORDS

My account will be debited by St. Anthony Daniel Parish for the following:

Weekly offering of \$ _____

or

Monthly offering of \$ _____