



PRE-AUTHORIZED PAYMENT PLAN

Your Information

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____

Bank Information

Name of Bank: _____

Address: _____

City: _____ Province: _____

Postal Code: _____

Bank Number: _____

Transit Number: _____

Account Number: _____

Authorization

I hereby authorize St. Mary's Parish to implement a pre-authorized payment plan for my financial contributions to St. Mary's Parish starting on

_____ 20th _____
month day year

Date: _____ Signature: _____

I wish to make the following monthly contributions on the 20th day of each month:

Regular Sunday Offering.	\$ _____
Church Maintenance	\$ _____
Total.	\$ _____

Also, throughout the year, I wish to contribute to the following special collections:

New Year's Day.	\$ _____
Easter Flowers	\$ _____
Share Lent (Palm Sunday).	\$ _____
Good Friday	\$ _____
Easter Sunday.	\$ _____
Papal Charities (2 nd Sunday of May)	\$ _____
Diocesan Vocation Fund (1 st Sunday of June).	\$ _____
Catholic Missions (1 st Sunday of August)	\$ _____
Needs of Canadian Church (Last Sunday of Sept). . .	\$ _____
Evangelization of the Nations (3 rd Sunday in Oct)	\$ _____
Christmas Flowers.	\$ _____
Christmas Day	\$ _____
Total.	\$ _____

Please return this form, with a void cheque, to the Parish Office.