



# Pre-Authorized Donations Authorization for Bank Withdrawal



**Please 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<sup>th</sup> day of each month beginning with the month shown below until I cancel or change my instructions in writing.
- I 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.
- I hereby cancel my authorization for The Synod of the Diocese of Calgary, Anglican Church of Canada to withdraw a monthly amount from my bank account on behalf of my congregation.

**Please return the completed form (signed and dated) and any subsequent instructions to the parish official that is administering this program (usually the Envelope Secretary or Parish Treasurer).**

**Donor Information:**

Name	E-mail Address	
Address	Telephone Number	
City	Province	Postal Code

**Bank Information:**

Name	Address	
City	Province	Postal Code
Account No.	Branch No.	Institution No.

***For verification, please attach a blank cheque, marked "VOID", to the completed Authorization. Thank you.***

**Withdrawal Information:**

Monthly Amount	Starting Month	Starting Year
Parish	Location	

Authorized Signature(s) of Account Holder	Date
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***NOTE: 30 days' notice required for changes to the Pre-Authorized Donation service.***

<b>For Parish Use:</b>			
Donor Code:			