

**ST. ANDREW'S ANGLICAN CHURCH, SIDNEY**

**Request for Payment of Regular Offerings by Pre-Authorized Remittance**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Envelope Number 

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Bank or Financial Institution \_\_\_\_\_

Branch Address \_\_\_\_\_

Bank Number 

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 Transit Number 

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Account Number 

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**Mid Month Remittance**

General Fund 

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Monthly Mission 

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Building Fund 

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Other 

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Total 

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**End of Month Remittance**

General Fund 

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Monthly Mission 

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Building Fund 

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Other 

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Total 

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Commencement Date \_\_\_\_\_

**IMPORTANT:**  
Please attach a void blank cheque from the account you wish to use, to confirm the bank and account identification numbers.

I hereby authorize the Diocese of British Columbia, on behalf of St. Andrew's Anglican Church, Sidney, BC, to debit my account as indicated above on a continuing basis until altered or cancelled by me in writing. A voided cheque for my account is attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date