

PAG Change of Payment Form

	Parish/Congregation:PAG Co-ordinator:			
10 Co-oramator.		_		
Donor:				
_	Name as appears o	on Credit Card or Bank Acco	unt	
☐ New ☐ Update	☐ Suspend	☐ Cancel	☐ One-time Giving	
ld Amount:	N	ew Amount:		
ew Bank Info:		Transit #	Account #	
Instituti ew Credit Card Info:		Transit #	Account #	
☐ Visa ☐ MasterCard				
Donor:			_	
	Name as appears o	on Credit Card or Bank Acco	unt	
☐ New ☐ Update	☐ Suspend	☐ Cancel	☐ One-time Giving	
Nd Amount:	٨	aw Amount:		
old Amount:		ew Amount		
Iew Bank Info: Instituti	 on #	Transit #	Account #	
lew Credit Card Info:				
☐ Visa ☐ MasterCard		Expiry Date:		
. Donor:				
	Name as appears o	on Credit Card or Bank Acco	unt	
☐ New ☐ Update	☐ Suspend	☐ Cancel	☐ One-time Giving	
ld Amount:	٨	ew Amount:		
ew Bank Info:		ew Amount.		
Instituti	on #	Transit #	Account #	
lew Credit Card Info:				
☐ Visa ☐ MasterCard	☐ MasterCard Expiry Date:_			

Church PAG Co-ordinator, please keep a copy of this form for your records

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• Please us multiple forms as required