

The Parish of Salt Spring

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

Name _____
Address _____

Envelope Number

Change of Banking Information:

New Bank Name _____
Branch Address _____

City _____

New Bank number New Transit number

New Account number

Change of Amount of Remittance:

Mid Month Remittance from \$. to \$.

End of month Remittance from \$. to \$.

Commencement Date for Change _____

IMPORTANT: If changing your banking information, please attach a voided 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 the Parish of Salt Spring to debit my account as indicated above on a continuing basis until altered or cancelled by me in writing.

Signature

Date