

**ANGLICAN DIOCESE OF BC**

900 Vancouver Street, Victoria BC V8V 3V7  
Tel: 250-386-7781 or 1-800-582-8627 and Fax: 250-386-4013  
Email: collectionplate@bc.anglican.ca

**Request for Payment of Regular Offerings  
by Pre-Authorized Donation (Debit)**

**St. Matthias Anglican Church**

Donor Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Envelope Number

Bank or Financial Institution Name \_\_\_\_\_  
Branch Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transit number  Inst. Number

Account number (minimum 7 digits)

1st of Month Remittance \$  .

Mid Month Remittance \$  .

End of month Remittance \$  .

TOTAL MONTHLY AMOUNT \$  .

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

**IMPORTANT: 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 St. Matthias 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. This payment is for my personal donation as mentioned above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Recourse Statement:**

You have certain recourse rights if any debit does not comply with this agreement. You have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).



