

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 16th 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).

YOUR DONOR INFORMATION		
Name:	Address:	
Email:	City:	
Phone:	Prov.	Postal Code:
BANK INFORMATION		
Name:	Address:	
City:	Prov.	Postal Code:
Account No.	Branch No.	Institution No.
WITHDRAWAL INFORMATION		
Monthly Amount:	Starting Month:	Starting Year:
Parish:	Location:	
For verification, please attach a blank cheque, marked "VOID", to this completed authorization. Thank you		

Authorized Signature(s) of Account Holder

Date

NOTE: 30 DAYS' NOTICE REQUIRED FOR CHANGES TO THE PRE-AUTHORIZED DONATION SERVICE.

For Parish Use Only:	Donor Code:
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