

Pre-Authorized Giving Agreement Application

Catholic Parish of St. John Bosco
13503 40 St Edmonton 780-478-0198

Print Your Name _____

Your Address _____ Postal Code _____

Email _____ Daytime Phone _____

Current Envelope No (if applicable) _____

I authorize the bank to debit my account for the following amounts:

Monthly Offering for St. John Bosco Parish	\$
Monthly Offering for Together We Serve (Special Collections)	\$

1. Monthly donations will be processed to your account on the **7th** day of each month or the next business day.
2. A tax receipt for your total annual offerings will be issued before the end of February of the following year.
3. **Please include a VOID cheque or fill out the area below:**

Financial Institution Name: _____

Financial Institution Address: _____ Transit #: _____

Bank #: _____ Account #: _____

4. I (we), as the account holder(s), authorize The Catholic Parish of **St John Bosco** and my (our) financial institution, to debit, in accordance with the Rules of the Canadian Payments Association, my (our) account at the branch specified above, for the purpose of making a charitable donation to our institutions. This authorization is to remain in effect until The Catholic Parish of **St John Bosco** has received written or verbal notification from me (us) of its change or termination.

Signature of account holder(s)

_____ / _____

Dated _____ at _____