PRE-AUTHORIZED GIVING PLAN AUTHORIZATION FORM

I hereby authorize



to debit my account each month for my donation.

Name: _	Er	nvelope #
Address	:	
Postal C	ode: Telephone:	
	rish invites your contribution to the regular Sunday co hat may be of interest to you, such as Together In Actio	3
Please debit m	y account:	
\$	each month for the regular Sunday collection.	
\$	each month for the Building Fund.	
\$	each month for	·
would prefer to	have the debit to my bank account on the	day of each month.
	I have read and understand the terms of this a	uthorization
		(1)
	(signature)	(date)

Please attach a void cheque (unsigned) to this form

