

Holy Innocents Anglican Church

297 Paradise Road Paradise, NL A1L 2V5 Tel: (709) 782-3071

Pre-Authorized Bank Giving

Authorization Form

_____	_____	
Parishioner's Name	Financial Institution	
_____	_____	_____
Bank Number	Transit Number	Account Number

I/We (the above mentioned parishioners) authorize the above named church to debit my / our account indicated above, in the amount of \$ _____ twice per month (on the 15th and 30th of each month) beginning on _____ until cancelled.
This is for givings in respect to my / our annual offerings.

Each donation shall be the same as if I / we had personally issued a cheque authorizing the bank to pay Holy Innocents Church as indicated and to debit the amount specified to my / our account.

I / We will notify Holy Innocents Church Office promptly in writing if I / we move the account from one bank to branch to another, or if there is any change in the amount. This authorization may be cancelled at any time upon written notice by me / us to Holy Innocents Church. Any delivery of this authorization to the Church constitutes delivery by me / us to the bank. I/We are all the persons who are required to sign on the above account. I/We have received a signed copy of this authorization form.

Envelope Number _____

Parishioner Signature _____ **Date**

Parishioner Signature _____ **Date**

For more information contact:-Church Office (782-3071) holyinnocents@nf.aibn.com