



Pre-Authorized Debit Agreement Application

New agreement Revisions to current agreement Current Envelope No. (if applicable) _____

Name (Print) _____

Address _____ Postal Code _____

Email _____ Daytime Phone _____

Please debit my bank account for the following monthly amounts:

Note: New enrollments and changes will occur on the **first day** of the following month

	Monthly Offering Amount	Weekly Offering Amount
Regular Sunday Offering		
Together We Serve		
Building Fund		

Together We Serve supports:

- Sign of Hope - Catholic Social Services
- Canadian Catholic Organization for Development & Peace
- Evangelization of Nations
- Needs of the Canadian Church
- Needs of the Church in the Holy Land
- Foundation of St. Joseph Seminary and Newman Theological College
- Papal Charities
- St. Joseph's College
- St. Joseph Priests' Foundation of Edmonton

Building Fund includes the main church building, rectory, offices & land & capital expenditures.

1. You may deposit this application in the collection basket in a sealed envelope or mail/deliver to the parish office.
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: _____ Branch #: _____

Bank #: _____ Account #: _____

4. I (we), as the account holder(s), authorize The Catholic Parish of Holy Family 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 Holy Family has received written or verbal notification from me (us) of its change or termination.

Signature of account holder(s) _____ / _____

Dated _____ at _____