

## Authorization for Pre authorized debit plan

Authorization for the contributor to the Diocese of Caledonia to direct debit an account

### Instructions:

1. Please complete all sections in order to instruct the Diocese to make payments directly from your account.
2. Return the complete form with a blank cheque marked "VOID" to your parish Envelope Secretary.
3. If you have any questions, please contact your parish envelope secretary. The Diocese of Caledonia is administering this program on behalf of your parish.

### **CONTRIBUTOR INFORMATION** *(Please print clearly)*

Contributor Name (s):

Address:

Telephone:

Signature of Donor (s):

Date:

Parish Name

My monthly donation will be as follows: The sum of \$\_\_\_\_\_ to be debited from my account on the 15<sup>th</sup> of each month commencing \_\_\_\_\_

**OR**

30<sup>th</sup> of each month commencing \_\_\_\_\_

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Please sign here

### **BANKING INFORMATION** *(Please print clearly)*

Transit #

Institution #

Account #

Name of financial institution and address