

Parish of St. Peter & St. Paul, Victoria
Request for Payment of Regular Offerings
By Electronic Collection Plate

Name _____

Address _____

Envelope Number

Bank or Financial Institution _____

Branch Address _____

City _____

Bank number 0 Transit number

Account number

				<u>Distribution</u>	
Mid Month Remittance	\$	<input type="text"/>	.	<input type="text"/>	General <input type="text"/> \$
End of month Remittance	\$	<input type="text"/>	.	<input type="text"/>	Missions <input type="text"/> \$
Commencement Date	_____			Other	<input type="text"/> \$

IMPORTANT Please attach a voided blank cheque from the account you wish to use, to confirm the bank and account identification numbers

I hereby authorize the Parish of St. Peter & St. Paul to debit my account as indicated above on a continuing basis until altered or cancelled by me in writing. A voided cheque for my account is attached.

Signature

Date