



Diocesan PAR (Pre-Authorized Remittance) Program

Change of Information

Name: _____

Parish/Church: _____

Changes effective as of : _____

Please indicate the change:

- Address New Bank Account # Date of Withdrawal
 Parish \$ Amount Credit Card Number or Expiry
(please circle)

Information Type	Old	New
Address:		
Parish:		
Bank Account # <small>(if submitting a new bank account number please attach another void cheque)</small>		
\$ Amount		
Date of Withdrawal <small>(1st or 15th)</small>		
Credit Card		

Please cancel my withdrawal

Sign: _____

Date: _____