

# PRE-AUTHORIZED GIVING FORM



ST. PHILIP NERI PARISH

*Joyfully Building up the Church*

1902 Munroe Avenue  
Saskatoon, SK S7J 1R8

New

Change

PLEASE PRINT:

\_\_\_\_\_  
Donor Surname (or Business)

\_\_\_\_\_  
Donor First Name(s)

\_\_\_\_\_  
Street Address/Contact Information

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone

I/We hereby authorize that my/our bank account be automatically debited on the:

1<sup>st</sup> of the month, or  16<sup>th</sup> of the month

and credited to St. Philip Neri Parish for the total amount of \$\_\_\_\_\_ commencing in the month of \_\_\_\_\_, 20\_\_ and each subsequent month thereafter. I/We would like my/our contribution to be split:

\$ \_\_\_\_\_ to regular collection; \$ \_\_\_\_\_ to Reserve Fund; \$ \_\_\_\_\_ to Refugee Fund.

This donation is made on behalf of a(n):  Individual (family), or  Business

***Please attach a void cheque (only if new or changing banking information), put in an envelope marked 'PAG' and in the Sunday collection or drop off at the parish office.***

This authority is to remain in effect until I/we provide St. Philip Neri Parish with written notification (dated and signed) of any change or termination with at least 10 business days before the next debit is scheduled. I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAG that is not authorized or is not consistent with this PAG Agreement. To obtain a form for a reimbursement claim or for more information on my/our recourse rights, I/we may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date