PRE-AUTHORIZED GIVING FORM

ST. PHILIP NERI PARISH
Joyfully Building up the Church

1902 Munroe Avenue
Saskatoon, SK S7J 1R8
PH: 306-343-0325
office@stphilipneriparish.ca

☐ **New** ☐ **Change**

PLEASE PRINT:

Donor Surname (or Business) Donor First Name(s)

Street Address

City/Town Postal Code Telephone

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

❑ 1st of the month ❑ 16th of the month ❑ both dates in 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 the Sunday Collection

$ _____ to the Reserve Fund

$ _____ to Refugee Fund

Please attach a void cheque (only if new or changing banking information). Forms can be returned by placing in an envelope marked 'PAG' and putting in the Sunday collection or dropped 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.

Signature Date

❑ I wish to cancel my PAG (Pre-Authorized Giving) commencing in the month of _____, 20_____

OFFICE USE ONLY: PAG # _____

Add: _____ Sunday _____ Reserve _____ Refugee

Change: _____ Sunday _____ Reserve _____ Refugee