



**Pre-Authorized Debit Agreement Application**

New agreement       Revisions to current agreement      Current Envelope No. (if applicable) \_\_\_\_\_

Name (Print) \_\_\_\_\_

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

Email \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Please debit my bank account for the following monthly amounts:

Note: New enrollments and changes will occur on the **first day** of the following month

Monthly Offering Amount
Regular Sunday Offering
Together We Serve
Building Fund

**Together We Serve** supports:

- Sign of Hope - Catholic Social Services
- Canadian Catholic Organization for Development & Peace
- Evangelization of Nations
- Needs of the Canadian Church
- Needs of the Church in the Holy Land
- Foundation of St. Joseph Seminary and Newman Theological College
- Papal Charities
- St. Joseph's College
- St. Joseph Priests' Foundation of Edmonton

**Building Fund** includes the main church building, rectory, offices & land & capital expenditures.

1. You may deposit this application in the collection basket in a sealed envelope or mail/deliver to the parish office.
2. A tax receipt for your total annual offerings will be issued before the end of February of the following year.
3. **Please include a VOID cheque or fill out the area below:**

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_ Branch #: \_\_\_\_\_

Bank #: \_\_\_\_\_ Account #: \_\_\_\_\_

4. I (we), as the account holder(s), authorize The Catholic Parish of Holy Family and my (our) financial institution, to debit, in accordance with the Rules of the Canadian Payments Association, my (our) account at the branch specified above, for the purpose of making a charitable donation to our institutions. This authorization is to remain in effect until The Catholic Parish of Holy Family has received written or verbal notification from me (us) of its change or termination.

Signature of account holder(s) \_\_\_\_\_ / \_\_\_\_\_

Dated \_\_\_\_\_ at \_\_\_\_\_