

## ST. ANTHONY'S PARISH PRE-AUTHORIZED REMITTANCE AUTHORIZATION

Please complete all the sections below to instruct your financial institution to authorize contributions directly from your account to St. Anthony's Parish.

**PLEASE INCLUDE A BLANK CHEQUE MARKED "VOID" AND CROSSED THROUGH.**

NAME:		EMAIL:	PHONE NUMBER
ADDRESS:			CITY:
BANK NAME:	BRANCH:		POSTAL CODE:
BRANCH NUMBER:	BANK NUMBER:		ACCOUNT NUMBER:

I (we), as the accountholder(s) authorize St. Anthony's Parish to debit my (our) account until such time as written notice to the contrary is given by me (us). I (we) am aware that the branch of the financial institution at which I (we) maintain the account is not required to verify that any payment is drawn in accordance with this authorization.

### MONTHLY OR BIMONTHLY DONATION

Please debit from my (our) account the amount of \$ \_\_\_\_\_ on the first banking day on or after the 20<sup>th</sup> of **each month** commencing the month following the date of this form.

### OR

Please debit from my (our) account the amount of \$ \_\_\_\_\_ on the first banking day on or after the 1<sup>st</sup> of **each month** and on the first banking day on or after the 20<sup>th</sup> of **each month** commencing the month following the date of this form.

### SPECIAL COLLECTIONS

In addition to the monthly amount specified above, please debit from my (our) account the additional amounts set out in the table below, on the first banking day on or after the 20<sup>th</sup> of **each month** indicated to support these additional collections.

Mary The Mother of God (New Year's Day)	<b>JANUARY</b>	\$
Building and Maintenance	<b>JANUARY</b>	\$
Together In Action T.I.A.	<b>FEBRUARY</b>	\$
Youth Ministry/WYD	<b>FEBRUARY</b>	\$
Together In Action T.I.A.	<b>MARCH</b>	\$
Youth Ministry	<b>APRIL</b>	\$
Support for the Poor – Holy Thursday	<b>APRIL</b>	\$
Church in the Holy Land – Good Friday	<b>APRIL</b>	\$
My Easter Offering	<b>APRIL</b>	\$
Support/Education Priests & Seminarians	<b>APRIL</b>	\$
Pope's Pastoral Works	<b>MAY</b>	\$
Youth Ministry	<b>JUNE</b>	\$
Building & Maintenance	<b>JULY</b>	\$
Together In Action T.I.A.	<b>JULY</b>	\$
Parishes In Need	<b>AUGUST</b>	\$
Together In Action T.I.A.	<b>SEPTEMBER</b>	\$
Building and Maintenance	<b>OCTOBER</b>	\$
Evangelization of the Nations – Mission Sunday	<b>OCTOBER</b>	\$
Church Art & Environment	<b>NOVEMBER</b>	\$
My Christmas Offering	<b>DECEMBER</b>	\$

To allow time for processing of changes, I (we) will notify St. Anthony's Parish of any changes in the account information or the termination of this authorization prior to the 10<sup>th</sup> day of any month.

SIGNATURE OF ACCOUNT HOLDER:	DATE:
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Upon receipt of this authorization, you will be sent a copy of this form at the above address as a record.

Please put the **completed form**, with a blank cheque marked "**VOID**" in an envelope and place it in the **collection basket**.