

S. Peter's Anglican Church
Serving the Comox Valley since 1891

REQUEST FOR PAYMENT OF OFFERINGS BY PRE-AUTHORIZED REMITTANCE

PERSONAL INFORMATION

Name(s) on Account (please print) _____
Address _____
City _____ Province _____ Postal Code _____
Daytime Telephone Number _____
Email Address _____

ENVELOPE NUMBER □ □ □

BANKING INFORMATION

Chequing Account (please attach a voided cheque) Savings Account (please attach an encoded deposit slip)
Bank or Financial Institution _____
Branch Address _____
City & Province _____

BANK NUMBER 0 □ □ □ TRANSIT NUMBER □ □ □ □ □

ACCOUNT NUMBER □ □ □ □ □ □ □ □ □ □ □ □

AUTOMATIC DEBIT INFORMATION

Please Tick Appropriate Choice Below:

- New Automatic Debit Authorization
- Change Contribution Amount
- Change Contribution Date
- Change Financial Institution Account
- Cancel Automatic Debit On ____/____/____

Please Tick Appropriate Date(s):

- Semi-Monthly (transferred on the 15th & 30th) – Start on ____/____/____
- Monthly (transferred on the 15th) – Start on ____/____/____
- Monthly (transferred on the 30th) – Start on ____/____/____

Distribution of Automatic Debit:

General Operating Fund \$ _____
Other (specify fund) \$ _____ For: _____
Other (specify fund) \$ _____ For: _____
TOTAL AMOUNT PER DONATION \$ _____

I hereby authorize the Parish of St. Peter's, Comox, to debit my account as indicated above on a continuing basis until altered or cancelled by me in writing. A voided cheque for my account is attached.

SIGNATURE

DATE