

Pre-Authorized Givings - Direct Withdrawal Form

To: SAINT JAMES WESTMINSTER CHURCH

Your Name

Your Address

Name of Your Bank

Address of Your Bank

I/We authorize Saint James Westminster Church to debit my/our account, in the amount of \$_____ on the 10th day and/or \$_____ on the 25th day of each month until cancelled. (Please note that you can use two withdrawal dates if you prefer.)

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay the Church as indicated and to debit the amount specified to my/our account.

I/we will notify the envelope secretary promptly in writing if there is any change in the account. This authorization may be canceled at any time upon written notice by me/us to the Church. Any delivery of this authorization to the Church constitutes delivery by me/us to the bank.

I am/we are all the persons who are required to sign on the above account. I/we have a received a signed copy of this authorization form. In compliance with the Diocese of Huron Privacy Standards Policy, any information listed hereon is gathered solely for the purpose of administering the pre-approved payments and will only be shared strictly on a "need to know" basis.

Date

Your signature

Date

Your signature

PLEASE ATTACH A "VOID" CHEQUE AND RETURN TO THE CHURCH OFFICE