

ST. JOSEPH'S PARISH Pre-Authorized Giving Plan (PAG)

AUTHORIZATION FORM

I hereby authorize the Pastor of St. Joseph's Church to debit my/our account each month (on the 20th of each month).

\$	For reg	For regular Sunday offertory		
\$	For Cap	For Capital Campaign fund		
\$	Total m	nonthly donation		
I / We hereby unde	rstand that this does not include	any special collections of t	the Archdiocese of Toronto, including Sh	areLife.
NAME:				
ADDRESS _				
Envelope Number	(if you already have	one):		
Name of Bank/Trus	st Company/Credit Union:			
Branch:	Account Number:		(Please attach a "VOID" cheque)	
Signature		Date:		
You can mail it in	it off at the Parish when the	Durie Road, Streetsville	a <u>sealed envelope</u> . e, ON L5M 2J5) or mark the envelor d currently daily 8am-10am Mon-S	
Cut here				

Implementing/Cancellation of PAG Agreement

We respect that giving is a very personal thing, but we hope that through the implementation of this Plan, and the convenience and efficiency that it brings, it will encourage our Parishioners to support it. We look forward to your participation, and if you have any questions, please do not hesitate to contact the Parish office.

You may stop PAG <u>at any time</u> by simply writing a letter with 30 days' notice to <u>St. Joseph's Church.</u> If you would prefer to use a standardized cancellation form, ask for same at the Parish office. If one is not available, please contact your financial institution or visit <u>www.cdnpay.ca</u>.

If a withdrawal is not consistent with your PAG agreement, you have the right to receive reimbursement. For more information on all of your recourse rights, follow the contact details above.

For further information concerning the Authorized Giving Plan at St. Joseph's Church, or to sign up, please contact the Parish office at 905-826-2766 Monday to Friday from 9 am - 12 noon.