

The Diocese of Kootenay
The Anglican Church of Canada

Pre-Authorized Payment Authorization

Church/Parish Name & Location

Effective Date

:

SEE ATTACHED MONTHLY PAYMENT SCHEDULE

If you wish to make your payments through the pre-authorized payment service, please complete the following and forward this form to the Diocese of Kootenay:

BANKING INFORMATION:

Name of Parish Financial Institution: _____

Branch Address: _____

Street

City

Postal Code

Branch No. _____ Transit No. _____ Acct. No. _____

TYPE OF ACCOUNT: Chequing Savings Current

We hereby authorize the Diocese of Kootenay to debit our bank account:

1. the amount as indicated on the attached payment schedule

or

2. the amount of \$ _____

Frequency of debit: On or about the 19th to 21st day of each month.

This authorization may be canceled at any time upon written notice.

For verification purposes, please enclose one of your parish cheques marked "VOID".

Authorized Signature

Date: _____

Authorized Signature

If you prefer to pay by cheque, please forward remittances early in the month, preferably payable no later than the 21st of the month.

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