

## THE DIOCESE OF KOOTENAY PRE-AUTHORIZED GIVING AUTHORIZATION FORM

Funds will be debited by the Diocese of Kootenay through the automated debit program established for parishes in the Diocese and transferred to the parish General Operating Account monthly.

Please check ☒ one: For:

☐ NEW    ☐ INCREASE    ☐ DECREASE    ☐ CANCEL  
☐ SAME    ☐ CHANGE BANK ACCOUNT    Date Effective: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Please attach a void CHEQUE in the space if this is a NEW account or you are CHANGING BANK INFO.

**Attach cheque here**

I understand that this authorization may be changed or cancelled upon written notice to the parish Envelope Secretary.

I understand that, in order to participate in the Pre-Authorized Giving program, the information on this form will be disclosed to the parish Envelope Secretary and to the Finance/Accounts Manager, Diocese of Kootenay. I also understand that the information on this form will be used to: facilitate pre-authorized payments; designate such funds as set out above; and facilitate preparation of quarterly giving statements and annual income tax receipts; and for no other purpose.

Payments are withdrawn on or about the 10th day of the month.

I/we hereby authorize the Diocese of Kootenay to debit my/our account in the amount of \$ \_\_\_\_\_ each month on or about the 10th of the month.

The treatment of each withdrawal shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit my/our account accordingly. I will notify the Envelope Secretary of any specific designation.

Please note that the Diocese must receive changes by the 27th of the month in order for them to take effect for the following month.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

I.D. Number (Envelope #) \_\_\_\_\_

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