

Archdiocese of Regina Preauthorization Form for Parish Donations

Name: _____ Phone: _____
Address: _____ City/Town: _____
Postal Code: _____ Email: _____

Monthly Donation

\$ _____ monthly

Start Date: _____ (dd/mm/yy) _____ 1st OR _____ 15th of the month

Pledge Donation

_____ months \$ _____ monthly

Start Date: _____ (dd/mm/yy) _____ 1st or _____ 15th of the month

I/We authorize the Archdiocese of Regina to withdraw from our bank Account:

Bank Name: _____

Transit Number: _____

Account Number: _____

Account Holder: _____

Parish Name: _____ City/Town: _____

Signature: To agree to this pre-authorized debit please type your initials here _____ and type YES here _____

254
DATE _____
PAY TO THE ORDER OF _____ \$ _____
MEMO _____ PER _____
|| 254 || || 01700 || 803 || 8710327 ||

Cheque Number

Transit Number

Financial Institution Number

Account Number

Once you have filled in all the fields, save this form and send it back as an attachment to annualappeal@archregina.sk.ca

If you have questions regarding this form or would like to make changes to your monthly gift please contact Maria Martinez at 306-352-1651 ext. 210