



ARCHDIOCESE OF
Regina

Pre-authorized Debit Form Catholic TRC Healing Response Donations

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

I/We would like to pledge a **total gift of \$** _____

Pledge Arrangement

_____ # months \$ _____ /month
Start date: _____ (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: _____
Financial Institution Number: _____
Account Number: _____

Signature:

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

		254	
		DATE _____	
PAY TO THE ORDER OF _____		\$ _____	
		/ 100 DOLLARS	
MEMO _____		PER _____	
 254 01700 803 87 10327 			

~~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:

trc@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