

Archdiocese of Regina Preauthorized Form

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 _____

The diagram shows a portion of a cheque stub with the following fields and labels:

- Cheque Number:** 254
- Transit Number:** 01700
- Financial Institution Number:** 803
- Account Number:** 87110327

Other fields on the stub include: DATE, PAY TO THE ORDER OF, MEMO, PER, and a field for the amount in dollars.

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 Brianne Cascanette at (306)352-1651 Ext. 1684 or Jose Argerami at (306)352-1651 Ext. 6733.