



SAINT PAUL'S CO-CATHEDRAL PARISH
720 Spadina Crescent East
Saskatoon, Saskatchewan
S7K 3H2

PRE-AUTHORIZED GIVING FORM

NEW

CHANGE

PLEASE PRINT:

 Donor Surname (or Business)

 Donor First Name(s)

 Street Address/Contact Information

 City/Town

 Postal Code

 Telephone

I/We hereby authorize that my/our bank account be automatically debited on the : 1st of the month, or 15th of the month and credited to St. Paul's Co-Cathedral Parish for the total amount of \$_____, commencing in the month of _____, 20__ and each subsequent month thereafter. I/We would like my/our contribution to be split: \$_____ to regular collection; \$_____ to Renovation Fund.

Please attach a void cheque (only if new or changing banking information), put in an envelope marked 'PAG' and in the Sunday collection or drop off at the parish office.

This authority is to remain in effect until I/We provide St. Paul's Co-Cathedral Parish with written notification (dated and signed) of any change or termination with at least 10 business days before the next debit is scheduled. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAG that is not authorized or is not consistent with this PAG Agreement . To obtain a form for a reimbursement claim or for more information on my/our recourse rights, I/We may contact my financial institution or visit www.cdnpay.ca.

 Signature

 Date