



10404 – 102 Street, Grande Prairie, Alberta T8V 2W3

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(780) 532-2351 Fax: (780) 538-2286

Automatic Monthly Donations - Pre-authorized Payments (PAP)

Thank you for your commitment to support our Parish. Please complete all sections and include a VOID cheque for account number verification to donate monthly from your bank account.

Contributor(s):

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Financial Institution Information

Name of Account Holder: _____

Name of Financial Institution: _____

Bank # _____ Branch # _____ Account # _____

I (we) as the account holder(s), authorize St. Joseph Catholic Church to debit my/our account at the above indicated branch of the above-named financial institution, under the terms and conditions agreed to by me/us with St. Joseph Catholic Church until such time as written notice to the contrary is given by me/us to St. Joseph Catholic Church. The branch of the financial institution at which I/we maintain the account is not required to verify that the payment(s) are drawn in accordance with this authorization.

Please choose one or both of the following:

A debit, in electronic form shall be in the amount of \$ _____ beginning on the 1st day of each month, beginning _____, 20__ for **Sunday Collection**.

A debit, in electronic form shall be in the amount of \$ _____ beginning on the 15th or 30th day of the month, beginning _____, 20__ for the **Building Maintenance Fund**.

Final date of automatic debit (if any): _____

I/We will notify St. Joseph Parish in writing of any changes in the account information provided herein prior to the next due date of the pre-authorized payment.

Signature(s) of Account Holder(s):

Account Holder (1): _____ Date: _____

Account Holder (2): _____ Date: _____