



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

website: saintjoseph.ca
email: sjc-finance@gpcsd.ca
(780) 532-2351

Special Collections Automatic Withdrawal or Credit Card Payment

Please complete the following for designated collections and include a VOID cheque for account number verification (if applicable).

Year: _____ Continue: ☐ current year only ☐ ongoing

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

I would like to contribute to the following special collections in 2025:

- | | |
|---|--|
| <input type="checkbox"/> Solemnity of Mary, Mother of God
(New Year's Day, Jan 1) \$ _____ | <input type="checkbox"/> Northern Missions
(Ash Wednesday, March 5/25) \$ _____ |
| <input type="checkbox"/> Share Lent (Dev & Peace)
(5 th Sunday of Lent, April 6/25) \$ _____ | <input type="checkbox"/> Holy Land Offering
(Good Friday, April 18/25) \$ _____ |
| <input type="checkbox"/> Pope's Pastoral Works
(3 rd Sunday in May, May 25/25) \$ _____ | <input type="checkbox"/> Needs of the Canadian Church
(last Sunday in September, Sept 28/25) \$ _____ |
| <input type="checkbox"/> World Mission Sunday
(2 nd last Sunday in October, Oct 19/25) \$ _____ | <input type="checkbox"/> Canadian Missions
(2 nd Sunday in November, Nov 9/25) \$ _____ |
| <input type="checkbox"/> Catholic Family Services
(3 rd Sunday in November, Nov 16/25) \$ _____ | <input type="checkbox"/> Christmas 2025 \$ _____ |

For automatic-bank withdrawal:

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.

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: _____

For credit card:

Name of Cardholder: _____ Card type: ☐ Visa ☐ Mastercard

Card number: _____

Expiry date: _____ CVC #: _____

I, as the cardholder, authorize St. Joseph Church, Grande Prairie to credit my above indicated credit card, under the terms and conditions agreed to by me with St. Joseph Church until such time as written notice to the contrary is given by me. The credit card company at which I have the account is not required to verify that the credit(s) are made in accordance with this authorization. I/We will notify St. Joseph Church, Grande Prairie in writing of any changes in the account information provided herein prior to the next due date of the pre-authorized credit. Items charged in error will be reimbursed subject to notification by me to the credit card company within 90 days under the following conditions: 1) I never provided the authorization to St. Joseph Church, Grande Prairie; 2) the pre-authorization was not credited in accordance with this authorization; or 3) my authorization was revoked.

Signature of Cardholder: _____ Date: _____