

# St. Augustine's Anglican Church

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Rector: The Rev. David Pilling [staugustine@nf.aibn.com](mailto:staugustine@nf.aibn.com) [www.parishofstaugustine.org](http://www.parishofstaugustine.org)

## Pre-Authorized Giving Authorization Form

_____		_____
Parishioner's Name		Financial Institution
_____	_____	_____
Bank Number	Transit Number	Account Number

I/We (the above mentioned parishioners) authorize the above named church to debit my/our account indicated above, in the amount of \$\_\_\_\_\_ once per month (on the fifteenth of each month) beginning on \_\_\_\_\_ until cancelled. This is for givings in respect of my/our annual offerings.

Each donation shall be the same as if I/we had personally issued a cheque authorizing the bank to pay St. Augustine's Church as indicated and to debit the amount specified to my/our account.

I/We will notify the St. Augustine's Church Office promptly in writing if I/we move the account from one bank or branch to another, or if there is any change in the amount. This authorization may be cancelled at any time upon written notice by me/us to St. Augustine's Church. Any delivery of this authorization to the church constitutes delivery by me/us to the bank. I/We are all the persons who are required to sign on the above account. I/We have received a signed copy of this authorization form.

\_\_\_\_\_  
Envelope Number

\_\_\_\_\_  
Date Parishioner Signature

\_\_\_\_\_  
Date Parishioner Signature

**Please include a void blank cheque  
with this form. Thank you.**