



Pre-Authorized Giving Registration/Change Form

Name(s): _____

Address: _____

Postal Code: _____ Phone: _____

Email address: _____

Please fill out the appropriate sections and return it to the parish office:

- During Office Hours
Drop it in the Collection Basket on Sunday
Scan & Email: info@holyfamilycathedral.ca
Fax: 1-888-897-7980

Pre-Authorized Giving Registration and Authorization

Debit my Chequing Account: ___ Charge my Credit Card: ___ VISA ___ MC
Void Cheque Attached: ___ Card #: ___/___/___/___ Expiry: _____

Frequency Amount
___ Weekly ___ 1st of the Month ___ 15th of the Month Amount: \$ _____

Start Date: (Day/Month/Year) ___/___/___ Operations ___ OR Debt Reduction ___

I, hereby authorize the Cathedral of the Holy Family to debit my chequing account/charge my credit card according to the details I have provided above. Printed Name: _____ Signature: _____

Pre-Authorized Giving Change

Please: Increase ___ Decrease ___ My New Donation Amount is: \$ _____
My Pre-Authorized Giving Donation by: \$ _____ Effective: (Day/Month/Year) ___/___/___

I, hereby authorize the Cathedral of the Holy Family to increase/decrease the amount debited from my chequing account/charged to my credit card by the amount stated above.

Printed Name: _____ Signature: _____