



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
- Scan & Email: info@holyfamilycathedral.ca
- Drop it in the Collection Basket on Sunday
- 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
<input type="checkbox"/> Weekly <input type="checkbox"/> 1st of the Month <input type="checkbox"/> 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 Pre-Authorized Giving Donation by: \$ _____

My New Donation Amount is: \$ _____

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: _____