

PRE-AUTHORIZED DONATION FORM

Name:	
Address:	
City:	
Postal Code:	
Phone:	
Email:	

Please designate my St. Pius X donation as follows (% or \$):	
Regular Parish:	
Facilities Expansion	
Other (please specify)	

Bank Account Debit	
<i>I/we hereby authorize St. Pius X Parish (enclose VOID cheque or advice) to debit my bank account beginning _____</i>	
<i>(month/year) and continuing on either the 15th or the 30th or both (please circle appropriate date), until further notice.</i>	
Financial Institution:	
Branch Address:	
Bank Account:	
Amount to be debited:	\$ _____

OR

Visa or MasterCard	
<i>I hereby authorize St. Pius X Parish to charge my Visa or MasterCard on the 15th of the month beginning _____</i>	
<i>(month/year) and continuing until further notice.</i>	
Card Number:	
Expiry Date (month/year):	

Signature: _____

Date: _____

Please call Rosemarie Scott, Parish Bookkeeper, 403-289-3602
or email: bookkeeper.stpiusx@telus.net if you have further questions.