

Easy Giving through Pre-Authorized Giving

St. John's Jordan

Parish code: JDSJO

New* Increase Decrease Change Banking* Cancel

Name(S) _____

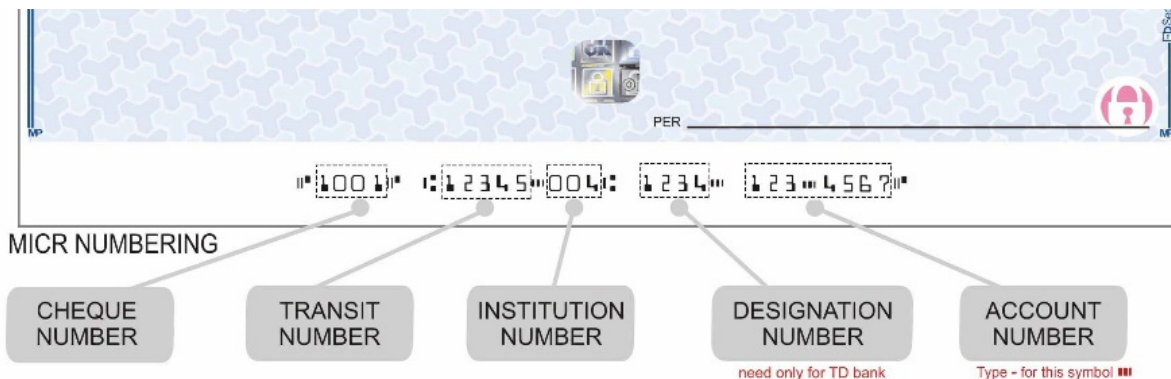
Address _____

City _____ Postal Code _____

Phone _____ Email _____

* For **New** or **Changed Banking**, please provide a void cheque OR complete the table below:

Cheque Number not required	Transit (Branch) Number	Financial Institution Number	Designation Number	Account Number
-------------------------------	----------------------------	------------------------------------	--------------------	----------------



Payments can be taken on any numerical day of the month, i.e., 1st, 15th, 22nd, etc.

I/we hereby authorize you to debit my/our account each month on the _____ (1st, 12th, 23rd, etc.) in the amount of \$ _____ payable to the Diocese of Niagara on behalf of the St. John's in Jordan. Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit my/our account accordingly.

IMPORTANT: This authorization may be canceled upon written notice. Please note that the Church Office must receive any change by the 15th of the month for it to take effect the following month.

Signature (1) _____ Date _____

**The Diocese of Niagara remits Pre-Authorized Giving donations back to name of church, city or town. Please contact the church office at your church office number with any questions or to make any changes.