

ST. MARY MAGDALENE PARISH

P.O. Box 187, 120 Regent Street, Fredericton, NB E3B 4Y9
Tel: 506-444-6000 stdun@stdunstansparish.ca Fax: 506-444-6006

PRE-AUTHORIZED DEBIT AUTHORIZATION

I/We authorize St. Mary Magdalene Parish and the financial institution designated below to debit my/our account for the purpose of offertory donations, as detailed below.

PARISHIONER INFORMATION (Please print clearly)

Name(s):	
Address:	
Email:	Tel.:

ACCOUNT INFORMATION (Please print clearly)

Note: Please attach a cheque from your financial institution marked "VOID".

Name of Financial Institution		
Branch		
Branch Address		
City	Prov.	Postal Code

DEBIT AMOUNT

A. My/our offering is in the fixed amount of \$_____, to be debited from my/our account as instructed below.

DEBIT FREQUENCY

B. The amount indicated in box A. is to be debited from my/our account according to the following schedule (Select only one option):

Weekly, on Monday

Bi-weekly, on Monday

Monthly, on the 4th of the month

Monthly, on the 16th of the month

Semi-Monthly, on the 1st & 16th

Monthly, on the last day of the month

PRE-AUTHORIZED DEBIT AUTHORIZATION

DATE OF FIRST CONTRIBUTION

C. The date of my/our initial contribution is to be _____ (Please allow a minimum of ten business days prior to the date of your first contribution for us to process your request).

DISTRIBUTION OF FUNDS

D. The amount indicated in box A. is to be distributed for the benefit of the following Church site (Select only one site):

To St. Dunstan's

To Sts. John & Paul

To St. Columba

E. The amount indicated in box A. is to be distributed as follows (Note: The dollar total of the individually allotted funds in box E. must equal the dollar total specified in box A.):

General Offertory	\$	Papal Charities	\$	Christmas	\$
Poor & Needy	\$	Needs of the Church in Canada	\$	New Years	\$
Building Fund	\$	Evangelization of the Nations	\$	Ash Wednesday (Catholic Missions)	\$
Cemetery	\$	Diocesan Priests Illness	\$	Holy Land (Good Friday)	\$
Development & Peace	\$	Diocesan Collection for Life	\$	Easter	\$

AUTHORIZATION

NAME(S) TO APPEAR ON CHARITABLE TAX RECEIPT:	
Signature of Parishioner(s)*	Date
Signature of Parishioner(s)*	Date

* For joint accounts, all depositors must sign when more than one signature is required on a cheque issued against the account.