

ST. MARY MAGDALENE PARISH

P.O. Box 187, 120 Regent Street, Fredericton, NB E3B 4Y9
Tel: 506-444-6000 office@stmarymagdaleneparish.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 attach a cheque from your financial institution marked "VOID".

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):

<input type="checkbox"/> Weekly, on Monday (on Monday)	<input type="checkbox"/> Semi-Monthly (on the 1st & 16th)	<input type="checkbox"/> Monthly (on the last day of the month)
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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):

<input type="checkbox"/> To St. Dunstan's	<input type="checkbox"/> To Sts. John & Paul	<input type="checkbox"/> To St. Columba
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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.