

S. Peter's Anglican Church St. Peter's Refugee Fund

Serving the Comox Valley since 1891

REQUEST FOR PAYMENT OF OFFERINGS BY PRE-AUTHORIZED REMITTANCE

(E-Plate)

PERSONAL INFORMATION

Name(s) on Account (please print) _____

Address _____

City _____ Province _____ Postal Code _____

Daytime Telephone Number _____

Email Address _____

OFFICE USE ONLY

ENVELOPE NUMBER

R

BANKING INFORMATION

Chequing Account (please attach a voided cheque)

Savings Account (please attach an encoded deposit slip)

Bank or Financial Institution

Branch Address

City & Province _____

BANK NUMBER **O**

TRANSIT NUMBER

ACCOUNT NUMBER

AUTOMATIC DEBIT INFORMATION

Please Tick Appropriate Choice Below:

New Automatic Debit Authorization

Change Contribution Date

Cancel Automatic Debit On ____/____/____

Please Tick Appropriate Date(s):

Change Contribution Amount

Change Financial Institution Account

Monthly (transferred on the 1st) – Start on ____/____/____

Distribution of Automatic Debit:

Refugee Fund \$ _____

Recourse Statement
 You have certain recourse rights if any debit does not comply with this agreement. You have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

I hereby authorize the Parish of St. Peter's Comox, to debit my account as indicated above on a continuing basis until altered or cancelled by me in writing. A voided cheque or encoded deposit slip for my account is attached.

SIGNATURE

DATE