

# S. Peter's Anglican Church Church Street 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 1<sup>st</sup>) – 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 \_\_\_\_\_

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