S. Peter's Anglican Church

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 ☐☐☐

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 0☐☐☐ TRANSIT NUMBER ☐☐☐☐☐

ACCOUNT NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐

AUTOMATIC DEBIT INFORMATION

Please Tick Appropriate Choice Below:

☐ New Automatic Debit Authorization

☐ Change Contribution Amount

☐ Change Contribution Date

☐ Change Financial Institution Account

☐ Cancel Automatic Debit On _____/_____/____

Please Tick Appropriate Date(s):

☐ Semi-Monthly (transferred on the 15th & 30th) – Start on _____/_____/____

☐ Monthly (transferred on the 15th) – Start on _____/_____/____

☐ Monthly (transferred on the 30th) - Start on _____/_____/____

Distribution of Automatic Debit:

General Operating Fund $_____

Designated Offering _____ $_____

Designated Offering _____ $_____

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 nor authorized or is not consistent with the PAD Agreement. To obtain more information on your recourse fights, 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