

The Diocese of Edmonton Pre-authorized Giving (PAG) Plan Registration or Change Form

(For new PAG donors or to make changes to existing banking details)

For Office Use: Type: _____ Date: _____ XL: _____ Bank: _____

Please check one:

I authorize the Diocese of Edmonton to withdraw the amount indicated below from my bank account and transfer the amount to my parish.

I authorize the Diocese of Edmonton to change the monthly withdrawal from my bank account in accordance with the information provided below.

Instructions:

1. Complete all sections to enable the Diocese to make withdrawals directly from your account.
2. Return the completed form with a blank cheque marked "VOID" to your parish office.
3. If you have any questions, please contact your parish office or parish representative. The Diocese of Edmonton administers this program on behalf of your parish.

DONOR INFORMATION *(Please type or print clearly)*

Donor Name(s):	
Address:	
Telephone:	Envelope Number:

Parish: _____

Location: _____

The sum of \$ _____ to be debited from my account on the _____ (1st or 15th) of each month commencing _____

Please print debit amount: _____

Signed: _____ Date: _____

DONOR FINANCIAL INSTITUTION/BANKING INFORMATION *(Please type or print clearly)*

Not required for amount changes only.

Branch Number	Institution #	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province	Postal Code	

The use, retention and disclosure of personal information collected from this form is done in compliance with Provincial privacy legislation.