Pre-Authorized Giving Plan

St. Edmund’s Parish, 545 Mahon Avenue, North Vancouver, BC – V7M 2R7

Phone: 604-988-3211/Email: st.edmunds@shaw.ca/Website: stedmundsparish.ca/

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| **Pre-Authorized Giving Plan**For Monthly Offertory Contributions |

If you wish to make your Sunday offertory contribution through automatic monthly bank withdrawals, please complete the form below and note:

* the amount you authorize will be deducted from your bank account **on the 30th of each month**. This regular monthly amount covers Sunday Offertory donation only.
* To make changes at any time, please call the Parish Office at 604-988-3211

Follow the steps below to calculate and authorize your monthly donation:

**Calculating your monthly Pre-Authorized Giving**

To help determine the amount of one’s monthly contribution, multiply your weekly offering by the 52 weeks in a year, then divide this annual contribution by 12. Examples are provided below:

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| Weekly Offering Monthly Offering$10/week ($520/year) $43 per month$20/week ($1,040/year) $86 per month | Weekly Offering Monthly Offering$40/week ($2,080/year) $173 per month$50/week ($2,600/year) $216 per month |

Note that the amounts above are provided only as examples. Our hope is that Parishioners will contribute an offering that is meaningful, sacrificial, and that honours the abundance with which the Lord has blessed each of us.

**Authorization Form**

❑ I/we hereby authorize St. Edmund’s Parish to debit my/our account **each month on the 30th**

 as allocated below.

❑ I/we hereby change my/our monthly donation as allocated below:

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| Offering $\_\_\_\_\_\_\_\_\_ |

🡺**Please note** that based on the fees associated with offering pre-authorized giving, a $25 monthly offering is the minimum that can be processed through this method of giving

**Account Holder/s Information:**

Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Envelope #: \_\_\_\_\_\_\_\_\_ Payment Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Offertory donation for normal operations of the parish**:I wish to donate $\_\_\_\_\_\_\_\_\_\_\_ on a **monthly basis on the 30th** for normal operations of the Parish |

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| **Authorization:*** I/We acknowledge that the Authorization is provided for the benefit of the Parish and the “Processing Institution” and is provided in Consideration of Processing Institution agreeing to process debits (“PADs”) against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association.
* By signing this Authorization, the family acknowledges having received and having read a copy of this Agreement, and agrees to be bound
* by the terms and conditions of this Agreement.

I/We warrant and guarantee that the person/s whose signature/s are required to sign on the Account have signed the Authorization. |

Payor SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Payor SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Return this form to the Parish Office or place it in the Sunday collection basket in a sealed envelope address to the “Parish Secretary – Confidential”, plus attach a **blank VOID cheque and/or provide the following information:**

Transit #\_\_\_\_\_\_\_\_\_\_\_ Institution #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample of blank Void cheque 🡺

indicating #’s required