

CREDIT CARD PRE-AUTHORIZED DEBIT FORM

*The personal information on this form is collected and protected pursuant to the Personal Information Protection Act.
 The information is for the sole use of All Saints Parish Office.*

DATE: _____

LAST NAME: _____ **FIRST NAME:** _____

ADDRESS: _____ **CITY:** _____ **PROVINCE:** _____

POSTAL CODE: _____ - _____ **TELEPHONE:** _____ **EMAIL:** _____

MONTHLY CONTRIBUTION - PLEASE DEBIT MY CREDIT CARD	
\$50 \$75 \$100 \$150 Other: \$_____	
<i>The debit will be processed to your credit card on the 10th day of each month or the next business day.</i>	
TYPE	EXPIRY DATE
VISA MASTERCARD	
CARD NUMBER	SIGNATURE OF CARDHOLDER
CARD HOLDER'S NAME <i>(Please PRINT as it appears on the card)</i>	DATE

This authorization is subject to change or cancellation by the contributor at any time. Please note there is an additional cost of up to 2% for All Saints Parish for accepting credit card donations.

Please note:

- Parishioners donating through Dedicated Giving are no longer required to use parish envelopes. Therefore, no envelope numbers will be assigned.
- To include second collection donations for monthly deductions, please complete our "SECOND COLLECTION DISTRIBUTIONS" form.

I hereby authorize All Saints Parish, Coquitlam, B.C., Canada, to charge my credit card for my monthly contribution.

 SIGNATURE

 DATE

 I AM INTERESTED IN MAKING A GIFT IN MY WILL

BANK ACCOUNT PRE-AUTHORIZED DEBIT FORM

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DATE: _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ - _____ TELEPHONE: _____ EMAIL: _____

MONTHLY CONTRIBUTION - PLEASE DEBIT MY BANK ACCOUNT	
\$50 \$75 \$100 \$150 Other: \$_____	
<i>The debit will be processed to your bank account on the 17th day of each month or the next business day.</i>	
PLEASE ENCLOSE A VOID CHEQUE WHEN SUBMITTING YOUR FORM.	
NAME OF BANK	ACCOUNT NUMBER
BRANCH NAME	TRANSIT NUMBER

This authorization is subject to change or cancellation by the contributor at any time. To obtain a sample cancellation form, or for more information on my right to cancel a Pre-Authorized Debit Agreement, I/we may contact my financial institution or visit www.cdnpay.ca.

Please note:

- Parishioners donating through Dedicated Giving are no longer required to use parish envelopes. Therefore, no envelope numbers will be assigned.
- To include second collection donations for monthly deductions, please complete our "SECOND COLLECTION DISTRIBUTIONS" form.

I hereby authorize All Saints Parish, Coquitlam, B.C., Canada, to withdraw my monthly contribution.

 SIGNATURE

 DATE

 I AM INTERESTED IN MAKING A GIFT IN MY WILL