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

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

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

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: The sum of \$ _____ to be debited from my account on the _____ (1st or 15th) of each month commencing _____ Please print debit amount: Date: _____ DONOR FINANCIAL INSTITUTION/BANKING INFORMATION (Please type or print clearly) Not required for amount changes only. Account Number Branch Number Institution # 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.*