



Pre-Authorized Givings Authorization Form

Name: _____ Financial Institution: _____

Bank #: _____ Transit #: _____ Account: _____

I authorize the Anglican Cathedral of St. John the Baptist to debit my/our account indicated above, in the amount of \$ _____ once per month (on the thirteenth of each month) effective _____ until cancelled.

Each withdraw shall be the same as if I had personally issued a cheque authorizing the bank to pay the Cathedral Parish of St. John the Baptist as indicated and to debit the amount specified to my/our account.

I will notify the Cathedral Parish Office promptly in writing if I move the account from one bank or branch to another. I may cancel this authorization at any time upon written notice to the Cathedral Parish. Any delivery of this authorization to the church constitutes delivery by me to the bank. I have received a signed copy of this authorization form.

Signature: _____ Date: _____

****Please attach a "void" cheque to this authorization form****

This form can be scanned and emailed to the Cathedral Office!

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