



Pre-Authorized Payment 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 15th of each month) effective (date) _____ until cancelled.

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 or a direct deposit form from your financial institution to this authorization form****