

PAG Application Form

MONTHLY PRE-AUTHORIZED GIVING

With your written permission, St. Paul's is able to withdraw your specifically identified contribution from your bank account each month.

Please complete the section below to make your financial contributions in this way.

NAME *(please print)*

ENVELOPE NUMBER

I hereby request and authorize the Anglican Diocese of Toronto, on behalf of St. Paul's Church Newmarket, to withdraw from my account each month the amount of \$ _____.

Financial Institution Information:
 Name: _____
 Address: _____
 Bank Account Number: _____
 Type of Account: _____

For joint account, both signatures **MUST** appear on this form.
 To ensure accuracy, a **VOID** cheque must accompany this form.

To designate specific amounts from your gift, please complete the following:

Operations <i>(General Support of St. Paul's Church)</i>	\$ _____
FaithWorks <i>(Diocesan Outreach)</i>	\$ _____
Restoration <i>(Capital)</i>	\$ _____
Other <i>(please specify)</i>	\$ _____
Total	\$ _____

Signature(s)

Date

This authorization may be changed or cancelled at any time by writing to the Envelope Secretary.