

PAR Application Form

MONTHLY PRE-AUTHORIZED DONATIONS

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 *(General Support of St. Paul's Church)* \$ _____

FaithWorks *(Diocesan Outreach)* \$ _____

Restoration *(Capital)* \$ _____

Other *(please specify)* \$ _____

Total \$ _____

Signature(s)

Date

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