Pre-Authorized Debit Agreement Application			
☐ New Agreement	Revisions to current a	greement	
Catholic Parish of St. Vital Parish	, Beaumont, AB	Current Envelope # (if app	licable)
Name (Print)			in the state of th
Address		Postal Code	
Email	Dayti	me Phone	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Please debit my bank account for the following monthly amounts:			
MONTHLY OFFERING Regular Sunday Offering Together We Serve Building Fund Pay Down the Debit	AMOUNT		
Together We Service supports: Canadian Catholic Organization for Development & Peace Evangelization of Nations Needs of the Canadian Church Needs of the Church in the Holy Land Foundation of St. Joseph Seminary and Newman Theological College Papal Charities St. Joseph's College St. Joseph Priests' Foundation of Edmonton Building Fund includes the main church building, rectory, offices & land & capital expenditures.			
1. Monthly donations will be processed to your account on the			
Financial Institution Address:			• •
Transit #:	Bank #:	Account #:	-
6. I (we), as the account holder(s), authorized with the Rules of the Canadian Payments Adonation to our institutions. This authorized notification from me (us) of its change or te	ssociation, my (our) account at th tion is to remain in effect until Th	ne branch specified about, for the p	ourpose of making a charitable
Signature of account holder(s)			
Dated at			