



Church of
St. John the Evangelist

36 Henderson Street
Elora, Ontario
N0B 1S0
(519) 846-5911

Pre-Authorized Givings (PAG) Authorization Form

Instructions For Use: Please use this form if you wish to begin, change or discontinue the process of automatically providing financial support to our Parish via PAG. Please print this form, then complete as appropriate, and enclose it in an envelope that is addressed to "Givings Secretary". The envelope should then be left with someone at the Parish Centre, or dropped into the mail slot.

Please choose one action below and always complete the identification section below the action section

NEW

CHANGE AMOUNT

CHANGE BANKING

CANCEL

Parishioner's Name:

Address:

City:

Postal Code:

Phone #:

Please attach a void cheque if you have selected NEW or CHANGE BANKING above.

For NEW or CHANGE BANKING, please indicate which one of the following days each month we should withdraw your contribution:

01

15

20

28

For NEW or CHANGE BANKING, please note the paragraph below and complete the total amount:

I/we hereby authorize the "Diocese of Niagara" to debit my/our bank account each month as specified above for Church of St. John The Evangelist, Elora. The total monthly amount shall be \$_____

For NEW, CHANGE AMOUNT or CHANGE BANKING, please designate below how your monthly donation is to be distributed. Please note that the amounts must total the monthly amount above:

Parish Ministry _____ Parish Choir Fund _____ PWRDF _____ Capital Restoration Fund _____

If you wish to direct your donation in a manner not available above, please contact the Givings Secretary at givings.stjohnselora@gmail.com

By my signature below, I acknowledge that this authorization will remain in effect until The Diocese of Niagara has received written notice from me/us of its change or termination. Please note that they must receive the change or termination by the 18th of the month in order for it to take effect for the following month. In an emergency, the PAG can be recalled or stop payment requested with a 24 hour notice by contacting the Givings Secretary at givings.stjohnselora@gmail.com.

I understand that I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. For further information, I may contact the Givings Secretary at givings.stjohnselora@gmail.com. Further information is also available at www.cdnpay.ca

Signature: _____

Date: _____