

HOLY SPIRIT PARISH

114 Kingsmere Place, Saskatoon, SK S7J 3V7
306 374-1425 holyspiritsaskatoon.ca info@holyspiritsaskatoon.ca

PRE-AUTHORIZED DEBIT GIVING PROGRAM

Surname

First Name

Street Address

Postal Code

Telephone

- I/We wish to donate through automatic payment beginning _____, 2017.
Month
- I/We wish to donate \$ _____ weekly for church operating expenses.
- I/We wish to donate \$ _____ monthly for church operating expenses.
- Visa Account # _____ Expiry date _____
- M/C Account # _____ Expiry date _____
- Bank Debit - please attach to this form a blank cheque marked "VOID."

I/We understand that this authorization is in effect until notification in writing is provided to Holy Spirit parish office.

I/We understand that an official receipt for income tax purposes will be issued according to Canada Revenue Agency requirements.

SIGNATURE

DATE