



ST. JOSEPH'S PARISH

535 - 8th Street East Saskatoon,
Saskatchewan, S7H 0P9

www.stjosephsaskatoon.ca

Phone: 306-244-1556 Fax: 306-242-8916

E-mail: stjosephparish@sasktel.net

Pre-Authorized Giving Registration/Change Form

Name(s): _____

Address: _____

Postal Code: _____ Phone: _____

Email address: _____

Please fill out the appropriate sections below and return it to the parish office: during office hours, drop in the collection basket on Sunday, scan and email to our email address above or fax 306-242-8916.

Pre-Authorized Giving Registration and Authorization:

Please debit my bank account:

- Attach a void cheque, or _____ yes attached
- Bank account info: Bank Name _____ Branch Transit Number _____
Account number _____

Amount: \$ _____

Frequency: _____ Weekly _____ 1st of the Month _____ 15th of the Month

Start date: (Day/Month/Year) _____ / _____ / _____

I, hereby authorize St Joseph's Roman Catholic Parish to debit my bank account according to the details I have provided above.

Printed Name: _____ Signature: _____

Pre-Authorized Giving Change

Please: Increase _____ Decrease _____ My Pre-Authorized Giving Donation by: \$ _____

My New Donation Amount is: \$ _____

Effective: (Day/Month/Year) _____ / _____ / _____

I, hereby authorize St Joseph's Roman Catholic Parish to debit my bank account according to the details I have provided above.

Printed Name: _____ Signature: _____