

St. Peter's Anglican Church

Automatic Debit

To sign up ...

Simply complete the Donor's Authorization below, attach a blank cheque marked VOID, and send to the church office or place in the collection plate.

Authorization Form

Name _____

Address _____

Donation Frequency : Monthly (20th of each month)

Donation Amount: \$ _____

Financial Institution _____

Account number _____

Terms of agreement:

- Withdrawals will be made on the 20th of each month
- Changes to this plan are required in writing by the 10th of the month in advance of the change.

Signature: _____

Signature: _____

Date: _____

I/We authorize St. Peter's Church to debit my/our account indicated above. Each payment shall be the same as if I/we had personally issued a cheque. We will notify the church in writing if we move our account. This authorization may be cancelled at any time upon written notice. I/We am/are all the persons who are required to sign on the above account.

Please attach cheque marked "VOID"

Thank you for your generous support for the life of St. Peter's.

St. Peters Anglican Church
903 - 75 avenue SW
Calgary, Alberta T2V 0S7
(403) 252-0393 | Fax: (403) 255-0752
Email: avril@stpeterscalgary.ca | Website: www.stpeterscalgary.ca