

# The Diocese of Edmonton Pre-authorized Giving (PAG) Plan Registration or Change Form

(For new PAG donors or to make changes to existing banking details)

For Office Use: Type: _____ Date: _____ XL: _____ Bank: _____
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**Please check one:**

- I authorize the Diocese of Edmonton to withdraw the amount indicated below from my bank account and transfer the amount to my parish.
- I authorize the Diocese of Edmonton to change the monthly withdrawal from my bank account in accordance with the information provided below.

**Instructions:**

- Complete all sections to enable the Diocese to make withdrawals directly from your account.
- Return the completed form with a blank cheque marked "VOID" to your parish office.
- If you have any questions, please contact your parish office or parish representative. The Diocese of Edmonton administers this program on behalf of your parish.

**DONOR INFORMATION** *(Please type or print clearly)*

Donor Name(s):	
Address:	
Telephone:	Envelope Number:

Parish: St. Matthew's Anglican Church

Location: 125 Larose Drive St. Albert, Ab. T8N 2X7

The sum of \$ \_\_\_\_\_ to be debited from my account on the \_\_\_\_\_ (1<sup>st</sup> or 15<sup>th</sup>) of each month commencing \_\_\_\_\_

Please print debit amount: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**DONOR FINANCIAL INSTITUTION/BANKING INFORMATION** *(Please type or print clearly)*

*Not required for amount changes only.*

Branch Number	Institution #	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province	Postal Code	

*The use, retention and disclosure of personal information collected from this form is done in compliance with Provincial privacy legislation.*