

PRE-AUTHORIZED CONTRIBUTION ENROLLMENT FORM

I/we hereby request and authorize
St. Joseph's Roman Catholic Church
(355 Andrews Street, Winnipeg, MB R2W 4T5)
to debit my/our account on the: (✓ one box)

1st

15th

Both days

of every month in the amount of

\$ _____ Per debit.

I/we waive my right to receive pre-notification of the amount of pre-authorized contribution (PAC) and agree that I do not require advance notice of the amount of PAC before the debit is processed.

NAME(S)	
ADDRESS	
POSTAL CODE	
TELEPHONE	
EMAIL	
CURRENT ENV # (if app.)	

(Please return this form by mail and include void cheque)

Signature _____

Date _____