St. James Parish

Direct Debit Authorization Form

Last Name: _____ First Name: _____

Address: _____

Current Envelope #: _____

Automatic Withdrawal: Bank: _____ Branch: _____

Account #: _____

(Please Attach Void Cheque for Verification of Information)

Please specify below which funds you would like your gift to be directed towards and the amount.

	Weekly ($)	Monthly ($)	Annually ($)	Day/Month*
Sunday Offering				
Food Bank				
Together in Action				
New Years Day – Jan. 1				
Seminarian Fund				
Good Friday – Holy Land				
Easter				
The Pope's Pastoral Works				
World Mission Sunday				
Catholic Education				
Christmas				
Inn from the Cold				
Mission Mexico				

* For weekly/ monthly/ annual gifts please specify the day or the month you wish to have your gifts withdrawn in column #4

I authorize St. James Catholic Church, 5504 - 20 St. S.W. Calgary, Alberta T3E 1R2, to receive the amounts mentioned above by Direct Debit in installments as specified above. I understand that I can change or delete my donation amount at any time with written confirmation to the Parish staff. I understand that I must allow at least 2 weeks to allow these changes to be applied.

_____ Signature

_____ Date

Revised Oct. 10, 2013