Authorization for Automatic Bank Withdrawal

I, _____ authorize the Church of the **Assumption** or

Resurrection (please circle one) to withdraw from my bank account, the total amount of

$_____ on the **15th** day of each month. The first withdrawal should be on:

_____.

I wish my donation to be split between:

Regular donations $_____
Together We Serve $_____
Saint Vincent de Paul/Food Bank $_____
Other $_____

Signed: _____

PRINT NAME:_____

Your Bank Information

Please provide a VOID cheque.

Transit No.:_____

Bank No.:_____   Name of Bank:_____

Account No.:_____

THE BANK INFORMATION SHOULD BE VERIFIED BY YOUR BANK IF YOU ARE NOT PROVIDING A VOID
CHEQUE.
Withdrawals be made on the 15th of each month.