

St. Cecilia's Parish
Direct Debit Authorization Form

Last Name: _____ First Name: _____

Address: _____

Visa/Mastercard #: _____ Expiry Date: _____

OR

Automatic Withdrawal: Bank: _____ Branch: _____

Account Number: _____

(Please attach void cheque for verification and information)

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

	Column 1	Column 2	Column 3	Column 4
	Weekly (\$)	Monthly (\$)	Annually (\$)	Day/Month *
Sunday Offering				
Together in Action				
Christmas				
New Year's Day - January 1				
Seminarian Fund				
Good Friday - Holy Land				
Easter Sunday				
Catholic Education				
Inner City				
The Pope's Pastoral Works				
St Vincent de Paul				
Church Maintenance				
World Mission Sunday				
Clergy Pension				

* For weekly/monthly/annual gifts, please specify the day or the month you wish to have your gifts withdrawn in the last column.

I authorize St. Cecilia's Catholic Church, 321-90 Ave SE. Calgary, Alberta to receive the amounts mentioned above from my Master Card or Visa or 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