



SAINT PATRICK'S CATHOLIC CHURCH, WILDFIELD (BRAMPTON)
 11873 The Gore Road, Brampton, Ontario L6P 0B2
 ☎ (905) 794-0486 ✉ StPatricksBR@archtoronto.org
 🌐 http://StPatricksBR.archtoronto.org

PRE-AUTHORIZED GIVING AUTHORIZATION FORM

I hereby authorize the parish of Saint Patrick's in Wildfield (Brampton) to debit my account on **the twentieth (20th) day of each month** as my/our offertory donation (*not* including special collections) noted below:

My/our total monthly donation of:

\$	<input type="text"/>	for the regular Sunday collection
\$	<input type="text"/>	for the Parish Building Fund
\$	<input type="text"/>	towards ShareLife

For a total of \$

NAME OF THE CONTRIBUTOR (FIRST AND LAST)

CONTRIBUTOR'S MAILING ADDRESS

Apt / Unit Number Street City/Town Province Postal Code

CONTRIBUTOR'S CONTACT PHONE NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CONTRIBUTOR'S E-MAIL ADDRESS

NAME OF BANK / TRUST COMPANY / CREDIT UNION

TRANSIT NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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INSTITUTION NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>
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ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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***Please attach a VOID CHEQUE
 or an equivalent document from your bank branch
 that shows your account information.***

CONTRIBUTOR'S SIGNATURE

Day

Month

Year
