

**THE DIOCESE OF NIAGARA
PRE-AUTHORIZED PAYMENT PLAN
AUTHORIZATION FORM**

NEW INCREASE DECREASE CHANGE BANKING Please
provide a void cheque

PARISH NAME: St. Jude's Anglican Church

Name: _____

Address: _____

City: _____ Postal Code: _____

Please attach voided Cheque in this area:

Payments can be taken on any numerical day of the month. Please indicate which day(s) you prefer.

I/we hereby authorize you to debit my/our account each month on the _____ in the amount of \$ _____ Payable to the Diocese of Niagara for _____ St. Jude's Anglican Church. Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit my/our account accordingly.

This authorization may be canceled upon written notice. Please note that we must received the change by the 18th of the month in order for it to take effect for the following month.

Date: _____

Signature: _____