

You can now make your Sunday and Special Collection donations using your Credit Card or with Pre-Authorized Debit.

If you wish to make your regular Sunday donations to St. Augustine's Parish using your VISA, Mastercard or pre-authorized debit, please complete the form below. The amount you authorize will be processed each month.

You may cancel your pledge, update account information or make adjustments to the amount by contacting the parish office: 604.736.4455.

Please return completed form:

- 1) Directly to the parish office 2) Return in the collection basket in a sealed envelope 3) Scan and email to: adminsvc.saug@rcav.org

Thank you for your participation.

Last Name		First Name		
Address			City	Postal Code
Telephone Day		Evening		
Cell Phone		Email		
Payee: St. Augustine's Parish		Date:		
DONATION AMOUNT (enter weekly amount in dollars) \$ _____		The monthly amount will be processed on the 20 th of each month. The amount will be calculated monthly for 52 weeks.		
Payment	Monthly \$ _____	Yearly \$ _____	ENTER MONTH	Credit Card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Pre-Authorized Debit
Account Number		Expiry Date	MONTH	YEAR
CVV Number (3-digit on back)				
Card Holder's Name		Signature		
SPECIAL COLLECTIONS DONATIONS				
Please indicate the special collections you would like to include with your pre-authorized payment and the amount you would like processed.				
New Years Day	January	\$ _____	Catholic Missions, Canada	June \$ _____
B.C. Catholic	February	\$ _____	Oblate Retirement Fund	June \$ _____
St. Joseph's Society	1 st Sunday in Lent	\$ _____	Needs of the Canadian Church	September \$ _____
Share Lent	5 th Sunday in Lent	\$ _____	Evangelization of the Nations	October \$ _____
Holy Land	Good Friday	\$ _____	Peter's Pence	November \$ _____
Easter	April	\$ _____	Home Mission	November \$ _____
Work of Vocations	4 th Sunday of Easter	\$ _____	Youth Ministry	December \$ _____
The Pope's Pastoral Works	May	\$ _____	Christmas Day	December \$ _____
The Special Collections amount will be processed on the 7th of each month.				

This information will be for office use only. Subject to the conditions of the Privacy Act. Additional forms can be downloaded from our website.

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Thank you for your continued support of St. Augustine's Parish.

First Name: _____ Last Name: _____

PLEASE COMPLETE CONTACT INFORMATION ON REVERSE SIDE.

AUTHORIZATION AGREEMENT

I, as the account holder, authorize the financial institution whose name appears on the attached voided cheque, to debit my account at the identified branch under terms and conditions agreed to by me with the payee (St. Augustine's Parish) until such time as written notice to the contrary is given by me to the payee. The branch of the financial institution at which I maintain the account is not required to verify that the payment(s) is/are drawn in accordance with the authorization. A debit in paper, electronic or other form in the amount may be drawn on my account up to 12 times per calendar year.

I will notify St. Augustine's Parish in writing of any changes in the account information or termination of the authorization prior to the next due date of the pre-authorized debit. I understand that no recourse will be provided through the clearing system (i.e., no automatic reimbursement in the event of a dispute). I further understand that I may seek reimbursement or recourse from St. Augustine's Parish in the event that a pre-authorized debit is erroneously charged to my account.

If my bank or financial institution does not recognize a pre-authorized debit for whatever reason (for example, insufficient funds in the account), the prepayment arrangement is subject to cancellation. An NSF charge will be charged.

This agreement will remain in effect until St. Augustine's Parish received a written notice of cancellation from me or my financial institution, or until I submit a new pre-authorization form.

ACCOUNT INFORMATION

VOID Cheque attached OR

Name of Financial Institution: _____

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TRANSIT NUMBER

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INSTITUTION NUMBER

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ACCOUNT NUMBER

Authorized Signature: _____ Date: _____

PAYMENT PLAN

PLEASE CHOOSE ONE PAYMENT OPTION: The monthly amount will be processed on the 20th of each month.

Please see reverse side for Special Collection Donations.

\$ _____ Weekly Amount. (The amount will be calculated monthly for 52 weeks)

\$ _____ Monthly Amount.

PLEASE RETURN COMPLETE FORM (BOTH SIDES):

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