

DIRECT DEBIT AUTHORIZATION FORM

Name: _____

Address: _____

City/Prov: _____ Postal code: _____

Phone Number: _____ Email Address: _____

BANK INFORMATION:

New: _____ Revision of Current Info: _____ Change from Credit Card Payment: _____

Bank Name: _____

Bank Address: _____

Bank Branch Number: _____ Bank Number: _____

I authorize St. Luke's Catholic Church, 1566 Northmount Drive NW, Calgary, Alberta to receive the amount of \$_____ on the 20th of each month from my bank account. I understand that I can change my donation amount at any time by simply contacting Barbara Banham, Parish Accountant at 403-282-9488 or by email at barbara.banham@stlukeschurch.ca.

I would like to allocate my gifts as follows:

Sunday Offering: \$ _____

Other: \$ _____

Total: \$ _____

Signature: _____ Date: _____

PLEASE ATTACH A BLANK VOID CHEQUE HERE