

**PRE-AUTHORIZED DONATIONS AUTHORIZATION  
FOR BANK WITHDRAWAL; START, STOP, OR CHANGE  
Form 3**

**Please check the boxes that apply**

I hereby authorize **St. Stephen's Anglican Church Calgary** to start withdrawing the amount indicated below from my bank account on the last business day of each month, beginning with the month shown below until I cancel or change my instructions in writing.

**OR**

I hereby authorize **The Diocese of Calgary, Anglican Church of Canada** to start withdrawing the amount indicated below from my bank account and transfer it to St. Stephen's Anglican Church Calgary on the 16th day of each month or the first business day following, beginning with the month shown below until I cancel or change my instructions in writing.

I hereby **authorize** St. Stephen's Church Calgary, Anglican Church of Canada to change the monthly withdrawal from my bank account in accordance with the information provided below.

I hereby **cancel** my authorization for St. Stephen's Church Calgary, Anglican Church of Canada to withdraw a monthly amount from my bank account on behalf on my congregation.

**Please return the completed form (signed and dated), and any subsequent instructions, to the Parish Envelope Secretary - envelopes@ststephenscalgary.org**

**YOUR DONOR INFORMATION**

Name:	Address:	
Email:	City:	
Phone:	Prov:	Postal Code:

**BANK INFORMATION**

Name:	Address:	
City:	Prov:	Postal Code:
Account No.	Branch No.	Institution No.

**WITHDRAWAL INFORMATION**

Monthly Amount:	Starting Month:	Starting Year:
Parish:	Location:	

**For Verification, please attach a blank cheque marked "VOID" to the completed Authorizations. Thank You**

\_\_\_\_\_  
Authorized Signature(s) of Account Holder

\_\_\_\_\_  
Date

**NOTE: 30 DAYS' NOTICE REQUIRED FOR CHANGES TO THE PRE-AUTHORIZED DONATION SERVICE**

For Parish Use Only:

Office Notes: