



Archdiocese
of Toronto

**PRE-AUTHORIZED GIVING
AUTHORIZATION FORM**

I hereby authorize the parish to debit my account on the 20th day of each month as my/our offertory donation (not including special collections) noted below:

My/our total monthly donation of:

| | |
|----------|----------------|
| \$ _____ | Offertory |
| \$ _____ | Building Fund |
| \$ _____ | ShareLife |
| \$ _____ | 0 TOTAL |

Name(s) of Contributor(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____

Name of Parish and City: PRECIOUS BLOOD, TORONTO.

Name of Bank/Trust Company/Credit Union: _____

Branch: _____

Account Number: _____

Please attach a VOID CHEQUE (or the equivalent form from your bank branch)

Date: _____

Signature of Contributor(s):

For Office Use Only

Parish Code _____

Email this completed form along with a scan or photo of a void cheque to development@archtoronto.org.
Or mail the form and a void cheque to: Development Office, Archdiocese of Toronto, 1155 Yonge St.,
Toronto, ON M4T 1W2