

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

PARISH NAME: ST. ANDREW'S, GRIMSBY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please attach voided Cheque in this area:

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. Andrew's, Grimsby. 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 cancelled at any time upon written notice by me/us.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Payments can be taken weekly or monthly on the 1<sup>st</sup>, 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup> or 29<sup>th</sup> of the month, whichever you prefer. Please indicate which you prefer.