

THE DIOCESE OF NIAGARA
PRE-AUTHORIZED PAYMENT PLAN
AUTHORIZATION FORM

Please choose one:

NEW INCREASE DECREASE CHANGE BANKING CANCEL

Parish Name & City: _____

Parishioner's Name: _____

Address: _____

City: _____ Postal Code: _____

Please attach a voided CHEQUE if it is a NEW account or CHANGING BANK INFO:

Payments can be taken on any numerical day of the month. Please indicate which day(s) you prefer.

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 GUSDP
(Parish Code)

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 upon written notice. Please note that we must receive the change by the 18th of the month in order for it to take effect for the following month.

Date: _____ Signature: _____

Please mail to: The Diocese of Niagara
Attn: Kim Waltmann
252 James Street, North
Hamilton, ON L8R 2L3

Or fax to: 905-527-0963
Attn: Kim Waltmann