

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

NEW       INCREASE       DECREASE       CHANGE  
BANKING INFO.  
(Void cheque)

PARISH NAME: St. George's Anglican Church, St. Catharines

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

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

City: \_\_\_\_\_

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

Please attach void cheque in this area:

**Payments can be taken on any numerical day of the month.  
Please indicate which day 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 \_\_\_\_\_.

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 18<sup>th</sup> of the month in order for it to take effect for the following month.**

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