**St. Mary’s Parish**

211 Avenue O South, Saskatoon, SK, S7M 2R6 Canada

Phone: (306) 244-2983 Fax: (306) 242-6461

[www.stmaryssaskatoon.org](http://www.stmaryssaskatoon.org)

**Pre-Authorized Giving Registration/Change Form**  
  
Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Postal code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Please fill out the appropriate sections and return it to the parish office:**  
- During office hours - Scan and email: rbaker@rcdos.ca  
- Drop it into the collection basket - Fax: 306-242-6461

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Pre-Authorized Giving Registration and Authorization**  
**Debit my checking account** (Void cheque attached)   
**Amount:** $\_\_\_\_\_\_\_\_

**Frequency:** \_\_\_\_/Weekly \_\_\_\_/1st of the Month \_\_\_\_/15th of Month

**Start date**: ( day/month/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/  
  
I hereby authorize St. Mary’s parish to debit my chequing account according to the details I have provided above.  
**Printed name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Pre-Authorized Giving - Change**  
My new donation amount is $\_\_\_\_\_  
  
Effective (day/month/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/  
  
I hereby authorize St. Mary’s parish to change (increase/decrease) the amount debited from my checking account by the amount stated above.  
 **Printed name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_