

THE DIOCESE OF EDMONTON
Pre-authorized Giving (PAG) Program
Enrollment or Change Form

For Office Use: Type: _____ Date: _____ XL: _____ Bank: _____

(For new PAG donors or for current PAG donors who wish to change their existing PAG details)

Instructions:

- Check one of the following options:
 - I wish to enroll in the PAG Program, and I authorize the Diocese of Edmonton to withdraw the amount indicated below from my bank account and transfer the amount to my parish. I confirm that I have the authority under the terms of my account agreement to authorize this debit. These services are for personal use.
 - I wish to change my current PAG Program, and I authorize the Diocese of Edmonton to change the monthly withdrawal from my bank account in accordance with the information provided below.
- Complete all sections below to enable the Diocese to make withdrawals directly from your account.
- If you are enrolling in the PAG Program or are changing your banking information, you must either:
 - a. Attach a blank cheque marked "VOID," or
 - b. Attach a letter from your bank with transit and account number
- Return the completed form to your parish office.
- If you have any questions, please contact your parish office or parish representative. The Diocese of Edmonton administers this program on behalf of your parish.

You may revoke your authorization at any time, subject to providing notice of 30 days. You have certain rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain a sample cancellation form, or for more information on your rights under this agreement, contact your financial institution or visit www.cdnpay.ca.

DONOR INFORMATION *(Please type or print clearly)*

Donor Name(s):	
Address:	
Telephone:	Envelope Number:

Parish _____

City/Town _____

The sum of \$ _____ to be debited from my account on the _____ (1st or 15th) of each month commencing on the date _____

Please print debit amount: _____

Signed: _____

Date: _____