



聖公會聖基道堂

St. Christopher's Anglican Church

PAG AUTHORIZATION FORM 奉獻自動轉賬授權表格

New 新 Change 轉

Donor's name(s)姓名: _____

Address 地址: _____ City 城市: _____

Province 省: _____ Postal code 郵區: _____

Telephone 電話: _____ E-mail 電郵: _____

I/we hereby request and authorize The United Church of Canada (on behalf of St Christopher's Anglican Church) to withdraw from my/our bank account on or about the 20th day of each month the following contributions:
我(們)現准許及授權聖公會聖基道堂透過加拿大聯合教會從我(們)的銀行戶口在每月的20號支取以下奉獻金額給:

\$ _____	to General Operating Expenses 常捐
\$ _____	to Development Fund 教會發展基金
\$ _____	Total 總額

Debit from Checking Account 從支票戶口支取

Institution No. 銀行號碼: _____ (3 digits)	Transit/Branch No. 分行號碼 _____ (5 digits)	Account No. 賬戶號碼 _____ (12 digits)
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Signature 簽名: _____ Date 日期: _____

Please attach a VOID check. 請附上「VOID」支票

This authorization may be cancelled at any time upon written notice to your local Parish. Please notify them 20 days prior to cancellation. You have certain recourse 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 PAG Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca. You will not receive advance notice of the amount of PAG before the debit is processed. Please note these forms are processed by the United Church of Canada on behalf of St Christopher's Anglican Church. For more information, contact the Treasurer.