



Established in 1875

St. Andrew's Roman Catholic Church Electronic Offering Program Pre-Authorized Payment Enrollment Application

I hereby authorize St. Andrew's R.C. Church to start, amend or cancel deductions from my Pre-authorized Payment, as I have indicated below. This authority remains in effect until St. Andrew's R.C. Church has received further notice from me.

Name _____ Envelope No. _____

Banking Information

Bank Name _____

Bank Address _____

Bank No. _____ Transit No. _____ Account No. _____

Contribution Information

On the 1st Sunday of _____ please

| | |
|--------------------------|--------|
| <input type="checkbox"/> | Start |
| <input type="checkbox"/> | Amend |
| <input type="checkbox"/> | Cancel |

 my electronic offering.
(month/year)

I wish to make the contributions noted below:

Weekly Offering \$ _____ Other (Please specify) \$ _____

Monthly Offering \$ _____ (withdrawn mid-month)

Additional Offerings

| | | |
|-----------|---|----------|
| January | New Year's Offering | \$ _____ |
| February | Pipe Organ Fund (Semi-Annual) | \$ _____ |
| March | Flowers for Easter | \$ _____ |
| April | Share Lent | \$ _____ |
| | Diocesan Communications Office | \$ _____ |
| | Easter Offering | \$ _____ |
| May | Papal Charities | \$ _____ |
| June | Seminary | \$ _____ |
| August | Catholic Missions in Canada & Scarboro Foreign Missions | \$ _____ |
| September | Needs of the Canadian Church | \$ _____ |
| October | Evangelization of the Nations | \$ _____ |
| November | Flowers for Christmas | \$ _____ |
| | Pipe Organ Fund (Semi-Annual) | \$ _____ |
| | Giving Tuesday | \$ _____ |
| December | Christmas Offering | \$ _____ |

Authorized Signature(s)

1. _____ 2. _____

PLEASE ATTACH A VOIDED CHEQUE