**DIOCESE PREAUTHORIZED DEPOSIT AUTHORIZATION FORM**

I hereby request and authorize The Synod of the Diocese of Calgary, Anglican Church of Canada to withdraw the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on behalf of my congregation of Christ Church, Elbow Park in Calgary, Alberta on or about the 16th day of **EACH** month, beginning with the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ until I cancel or change my instructions in writing.

**Donor Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Email Address

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Address Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & Province Postal Code

**Bank Information**

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Bank Name Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & Province Postal Code

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Branch Number (5 digits) Bank Number (3 digits) Account Number (7 digits)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature(s) of Account Holder(s) Date

Please **return the completed form** and any subsequent instructions to **Deborah Ambrose**, Christ Church’s Treasurer, through the Church Office, either in person, by email, or Canada Post.

For verification and to complete your authorization, please attach a **blank cheque marked “VOID”**.

Note: 30 days notice is required for changed to the pre-authorized Donation Service.

A new form may be obtained from the Church Office.