



Roman Catholic Bishop of Kamloops  
**SACRED HEART CATHEDRAL PARISH**  
 255 Nicola Street, Kamloops, B.C. V2C 2P3



**PRE-AUTHORIZED DEBIT GIVING PROGRAM - 2017 CONTRACT**

**New Applicant**

only check if not previously on Pre-Auth. Debit

Envelope #:

\*\*\*PLEASE PRINT\*\*

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ - \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

I/We hereby authorize monthly automatic payments commencing on the  
 First Thursday of the month, starting the month of \_\_\_\_\_ 2017.

Monthly Sunday Donation \$ \_\_\_\_\_

Monthly Tuition Assistance Donation \$ \_\_\_\_\_

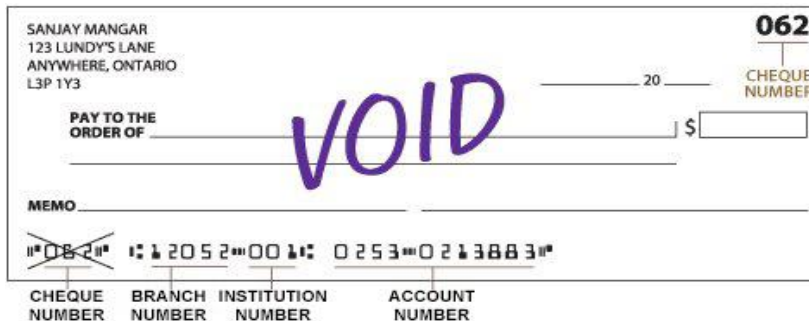
**Total Monthly Donation** \$ \_\_\_\_\_

*Please attach a blank voided cheque (sample below) unless previously provided*

Branch  (5 digits) Institution  (3 digits) Account #

**No Change**

check box if info  
 remains unchanged



\_\_\_\_\_  
**SIGNATURE**

**DATE: (dd/mm/yyyy):** \_\_\_\_\_

I/We understand that this authorization is in effect until notification in writing is provided to the Parish Secretary of Sacred Heart Cathedral. Cancellations and/or Changes require **30 days notice** and must be provided in person or in writing.

I/We understand that an official receipt for income tax purposes will be issued according to Canada Revenue Agency requirements.