



ASCENSION CATHOLIC PARISH

"Sharing the Spirit Together in Christ"

Direct Debit Authorization Form

(Please attach a blank VOID cheque)

New: _____ Revision from current Pre-Authorized Payment: _____

PLEASE PRINT

Bank Name: _____

Branch #: _____ Bank #: _____ Account #: _____

I authorize Ascension Catholic Parish to debit my bank account for the following amount \$ _____ on the **2nd** or **17th** of each month (**circle one**). I understand that I can change my donation at any time by contacting the Parish office.

Parish Operations & Programs	\$ _____
Building Fund / Renovation Fund	\$ _____
Together in Action (TIA)	\$ _____
Total:	\$ _____

PLEASE PRINT

Name: _____

Address: _____

City: _____ Postal Code: _____ Phone #: _____

Email Address: _____

Signature

Date

Completed forms may be mailed; hand delivered or faxed to the Ascension office or placed in a sealed envelope and dropped into the collection basket at one of the weekend Masses.
Thank you!

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