



The Anglican Parish of
Christ Church
 3602 8 ST SW
 Calgary AB T2T 3A7

**Fully Funding our Mission:
 Turning Gifts into Compassion,
 Community and Hope!**

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

 Address

 Telephone Number

 City & Province

 Postal Code

Bank Information

 Bank Name

 Address

 City & Province

 Postal Code

 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.