

Christ the King Roman Catholic Parish - Regina

3239 Garnet Street Regina, SK S4S 1X8
Phone: 306.586.9020 Fax: 306.586.2440
Email: ctk@myaccess.ca

Authorization Agreement for Automatic Funds Transfer

As used in this authorization, "we" and "us" means the owners of the accounts identified below.

PLEASE PRINT

I (we) authorize and direct **Christ the King Parish** to:

debit my/our account, account number _____
(account number)

held at _____
(financial institution name)

located at _____
(address of financial institution)

in order to deposit funds to the account of **Christ the King** in the amount of \$_____.

Frequency of Transfer:

Weekly ____ (debit occurs on Fridays)

Monthly ____ (debit occurs on the second day of each month)

✓ Attached is a void cheque for the account indicated above to be debited.

This authority is to remain in full force and effect until written notification has been received from me (or either of us) at least 14 days prior to a change in the amount or if I/we change bank accounts. I/we may cancel at any time by letter at least 14 days prior to the date of cancellation.

Parishioners are assigned an envelope number that contributions are posted to for tax receipt issuing purposes. A box of SPECIAL envelopes (envelopes for special collections) will be provided to those signing up for AFT. If you would rather have a FULL box of envelopes which allows you to place an envelope into the collection basket each week, indicate FULL below. If you choose FULL, please write "AFT" on the front of the envelope which will explain the empty envelope.

Contribution envelopes requested: FULL SPECIAL

Today's Date: _____

Name(s): _____

Address: _____ Postal Code: _____

Phone Number: _____ Email Address: _____