To enroll, fill our authorization form on the reverse side of this page, then attach a void cheque here **or** provide information at right.

Transit # _____

Institution # _____

Account # _____




## Contact Us

St. Luke Parish, Hamilton
200 Mount Albion Road
Hamilton, ON L8K 5S9
905 560 1551

www.stlukerchamilton.org

# Authorization Form

☐ I/we hereby authorize the Pastor of St. Luke Parish to debit my/our account **each month** as allocated below:

☐ I/we hereby change my/our **monthly** donation as allocated below:

Monthly Parish Offering: $ _____

Monthly Building Maintenance $ _____

## Total Offering $

Name _____

Phone # _____

Envelope # _____

Payment start date _____

Authorization Signature

_____

Date _____