

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

Transit # _____

Institution # _____

Account # _____

JOE SAMPLE
123 MAIN STREET WEST
TOWN, PROVINCE A9B 3C4

DATE 2 0 - - - - -
Y Y Y Y M M D D

\$ /100 DOLLARS

envision
MAIN BRANCH
123 ANY STREET
TOWN, PROVINCE A9B 3C4

MEMO

0001 1 1 7 3 1 0 0 0 8 0 9 1 1 2 3 4 5 6 7 8 9 0

CHEQUE # TRANSIT # INSTITUTION # ACCOUNT #

Contact Us

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

www.stluckerhamilton.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 _____