

**THE DIOCESE OF NIAGARA
PRE-AUTHORIZED GIVING PLAN (PAG) - AUTHORIZATION FORM**

Please choose one:

NEW INCREASE DECREASE CHANGE BANKING CANCEL

St. James Anglican Church, 137 Melville Street, Dundas ON L9H 2A6

Name: _____

Address: _____

City: _____ Postal Code: _____

Please attach a voided CHEQUE if this will be a NEW account or to CHANGE BANKING INFO.

Payments can be taken on any numerical day of the month. Please indicate which day(s) you prefer.

I/we hereby authorize you to debit my/our account each month on the _____ in the amount
of \$ _____ payable to the Diocese of Niagara for DSSJA, St. James, Dundas.

Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit my/our account accordingly.

This authorization may be cancelled upon written notice. Please note that we must receive the change by the 18th of the month in order for it to take effect for the following month.

Date: _____ Signature: _____

Mail to: The Diocese of Niagara, Att'n: Kim Waltmann, 252 James St. N., Hamilton ON L8R 2L3