

AUTHORIZATION FOR DONOR PRE-AUTHORIZED DEBIT PLAN CHANGE or TERMINATION INSTRUCTIONS

NOTE TO PARISH REPRESENTATIVE

This form should be completed in duplicate. Retain one copy and forward one copy to the Diocese of Edmonton as soon as possible. If the instructions are immediate call the Synod Office toll free at 1-877-494-8890.

DONOR INFORMATION *(Please type or print clearly)*

Donor Name(s):	
Address:	
Telephone:	
Signature of Donor(s):	Date:

PARISH NAME	
PARISH ADDRESS	

DONOR FINANCIAL INSTITUTION/BANKING INFORMATION *(Please type or print clearly)*

Branch Number	Institution #	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province		Postal Code

REQUESTED CHANGE (Please Print)

Signed (Donor)