

ST. PATRICK'S PARISH
PRE-AUTHORIZED GIVING PLAN (PAG)

What is the Pre-Authorized Giving Plan?

St. Patrick's Parish has established a Pre-Authorized Giving Plan (PAG) to assist you in your support of the work of our Church through your regular parish offerings.

Pre-Authorized Giving creates a win/win situation for you and your parish. It's a very simple procedure. When you participate in Pre-Authorized Giving, your offering will be withdrawn from your account on the 20th day of each month. This amount will then be transferred to the parish account between banks.

Why should I participate?

ADVANTAGES for the Donor:

Convenience: your offering is made automatically every month, continual support of your home Church even when you are away, and no more searching for cash or cheques before Mass.

ADVANTAGES for the Parish:

Provide regular, dependable cash flow to the parish and reduce paperwork and processing.

How do I enroll?

Fill out the form included here. Email the completed form along with a scanned copy or photo of a cheque marked VOID (or the equivalent form from your bank) to accounting@stpatrick.on.ca. Alternatively, you can drop it in the collection basket or at the parish office.

Remember, your donation is received on a **monthly** basis, so decide on your amount accordingly.

How will PAG replace my current giving?

You will no longer need to drop an envelope in the collection basket for your weekly offering. You will be provided with envelopes to be used for special collections and offerings during the year which include: ShareLife, Christmas, New Year's, Good Friday, Easter, Pope's Pastoral Works, Marygrove Camp, Catholic Missions in Canada, Needs of Canadian Church, World Missions and Shepherds' Trust.

Please note that the Parish Office will issue your annual tax receipt.

PRE-AUTHORIZED GIVING PLAN (PAG)
AUTHORIZATION FORM

I hereby authorize St. Patrick's Parish, Markham to debit my account on the 20th day of each month for my/our donation to:

Sunday Offering: (min \$25) \$ _____

Capital Fund: \$ _____

ShareLife: \$ _____

Total for the Month \$ _____

Name(s): _____

Address:

Postal Code: _____

Telephone #: _____

Email: _____

Envelope #: _____

SIGNATURE(S) OF CONTRIBUTOR(S)

PLEASE ATTACH A VOID CHEQUE

Complete the following only when no void cheque is attached:

Name of Bank/ Financial Institution:

Address:

Telephone #: _____

Transit #: _____

Account #: _____

Type of Account: _____

(Savings with Chequing, or Chequing)

Withdrawals will commence in the month after the completed authorization form is submitted to the Parish Office.

Received in Parish Office On: _____

