



St. Mark's Parish Direct Debit Authorization Form

Last Name: _____ First Name: _____
 Address: _____
 Visa/Mastercard #: _____ Expiry Date: _____
 Automatic Withdrawal: Bank: _____ Branch: _____
 Account Number: _____
 (Please attach void cheque for verification and information)

Please specify below which funds you would like your gifts to be directed towards and the amount.

	Weekly (\$)	Monthly (\$)	Annually (\$)	Day/Month *
Sunday Offering				
St. Vincent de Paul				
Together in Action				
New Year's Day - January 1				
Seminarian Fund				
Good Friday - Holy Land				
Easter Sunday				
The Pope's Pastoral Works				
Church Maintenance				
World Mission Sunday				
Clergy Pension				
Catholic Education				
Christmas				

* For weekly/monthly/annual gifts, please specify the day or the month you wish to have your gifts withdrawn in the last column.

I authorize St. Mark's Catholic Church, 5552 Madigan Drive N.E. Calgary, Alberta to receive the amounts mentioned above from my Master Card or Visa or by Direct Debit in installments as specified above. I understand that I can change or delete my donation amount at any time with written confirmation to the Parish staff. I understand that I must allow at least 2 weeks to allow these changes to be applied.

Signature

Date