Our Lady of Peace Parish—Automatic Funds Transfer AFT

I/We would like to sign up to have our financi account.	al gift to the parish automatically debited from my/our bank
Last Name (Please Print):	
Address:	
City:Postal Code:	Phone Number:
Email:	
OFFERING INFORMATION:	
Amount to be Transferred: \$	Our Lady of Peace Parish 425 Broad Street North Regina, Saskatchewan
Monthly (On the second day of each month)	S4R 2X8 Phone: 306-543-5355 Fax: 306-543-9837 Email: ourladyofpeace@sasktel.net
I/We authorize Our Lady of Peace Parish to with	ithdraw from my/our account me of Financial Institution:
To deposit funds into the account of Our Lady	of Peace Parish Connexus Credit Union).
·	days prior if any changes to the above information.
-may cancel at anytime by letter 14 day-understand that the agreement will rer	vs prior to the next due date. main in effect until I/We cancel or change in writing.
Signature:	Date:
Signature:	Date:
Please return form to the parish offic	e, or leave with the Volunteers at the Information Desk.
*Please Remembe	er to attach a Voided Cheque
The Following is for Office Use Only	
New Authorization	Change Contribution Date
Change Contribution Amount	Change Financial Institution
Discontinue Automatic Funds Transfer	