



**HOLY FAMILY ROMAN CATHOLIC CHURCH**

75 POIRIER AVENUE  
ST. ALBERT, AB T8N 6A1  
(780) 459-3694

**DIRECT PAYMENT AUTHORIZATION**

<b>Section A – Parishioner/Parish Family Information</b>	
Family Name:	First Name(s):
Address:	City:
Province:	Postal Code:
Donation Envelope Number:	

<b>Section B – Parishioner/Parish Family Bank Account Information</b>			
Name of Financial Institution:			
Branch:		Branch Address:	
City:	Province:	Postal Code:	
Branch Number: 5 digits	Institution Number: 3 digits	Account Number:	
For verification, please attach a blank cheque marked "VOID." If you do not have a cheque, please have a representative of your financial institution certify that the bank information provided is correct.			
I certify the accuracy of the above branch, institution and account number.		<i>Branch Stamp of Financial Institution</i>	
<b>X</b> _____ Signature of financial institution representative	_____ Print name of representative		

<b>Section C – Options (Select One) and Amount to be Paid to Holy Family Parish</b>	
<b>? Weekly Direct Payment</b>	<b>? Monthly Direct Payment</b>
\$_____ Amount to be paid each week	\$_____ Amount to be paid each month
This amount will be withdrawn from the above financial institution and paid to Holy Family Parish on Monday each week, starting _____ mm dd yyyy	This amount will be withdrawn from the above financial institution and paid to Holy Family Parish on the last banking day of each month, starting _____ mm dd yyyy

<b>Section D – Authorization</b> (if more than one account holder, both account holder's names and signatures required).		
I acknowledge that I have read and understood the Terms and Conditions of Authorization outlined on the back of this form. I/We authorize Holy Family Roman Catholic Parish to automatically withdraw funds from my/our bank account as indicated above.		
<b>X</b> _____ Signature of bank account holder	_____ Print Name	_____ Date
<b>X</b> _____ Signature of bank account co-holder	_____ Print Name	_____ Date