

St. Peter's Roman Catholic Church

PRE-AUAUTHORIZED CREDIT CARD OR DIRECT DEBIT APPLICATION FORM

Name _____ Phone # _____ Email _____

Address _____

CREDIT CARDS

___ Visa Card No.: _____ or ___ Master Card No.: _____

Expiry date: _____ Three digit security # (on back of card): _____

Please print name exactly as shown on face of the card: _____

Signature: _____ Date: _____

DIRECT DEBIT:

Please be sure to attach your blank voided cheque.

I/we authorize my bank to debit my account with my choice of the **OPTIONS** noted below,
payable to: St. Peter's Parish, 541 Silvergrove Drive NW, Calgary, Alberta, T3B 4R9.

Signed Signed Date: _____

OPTIONS:

- 1 For monthly contributions ___ 1st of each month \$ _____ &/or ___ 15th of each month, **OR**
- 2 One annual lump sum of \$ _____ (please specify month of withdrawal) _____.
- 3 For annual "Together in Action" (TIA) – Bishop's Appeal \$ _____.
- 4 For each **SPECIAL COLLECTION**: \$ _____ *(see list below).
- 5 For Christmas \$ _____, Easter \$ _____ and New Year \$ _____.

When deciding the amount of your contributions please bear in mind the number of income earners in the household. Each earner should contribute his or her own share to Church and charity. Contributions in each family may be combined above, or each member may complete their own Application Form. Tax receipts will be issued to the registered member named above.

***SPECIAL COLLECTIONS:** Holy Land; Mission Mexico; Papal Charities; Seminary Fund; World Missions; Catholic Education.

ALL INFORMATION CONTAINED HEREIN IS SUBJECT TO THE ALBERTA PRIVACY ACT

541 Silvergrove Drive N.W. Calgary AB T3B 4R9

Phone 403 286 5110 – Fax 403 247 4339

Email: accounting@st-peters.ca – Website: www.st-peters.ca