



# ST. JOSEPH CATHOLIC PARISH

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## Pre-Authorized Donations

**Account (Payor) Information:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Please complete all information
- Sign the completed form at the bottom (ALL payors must sign).
- Return the form to the office with a blank cheque marked "VOID".

**Name in which Account is held:** \_\_\_\_\_  
(Note: please ensure that the name given matches the name printed on your personal cheque)

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

### PAYMENT OPTIONS

*(Choose either Weekly, Biweekly or Monthly and the amount to be withdrawn for Offertory, and Other collections)*

#### **Sunday Offerings:**

**Weekly**   
(withdrawn Mondays)

**Monthly**   
(withdrawn end  
of each month)

**Amount:** \$ \_\_\_\_\_

#### **Special Collections:**

	<u>Amount:</u>
<b>Initial Offering</b>	_____
<b>Solemnity of Mary</b>	_____
<b>Seminary</b>	_____
<b>Share Lent</b>	_____
<b>Good Friday</b>	_____
<b>Easter Offering</b>	_____
<b>Pope's Pastoral Works</b>	_____
<b>Needs of the Can Church</b>	_____
<b>Evangelization of Nations</b>	_____
<b>Pro Life Sunday</b>	_____
<b>Christmas Offering</b>	_____

*(Holiday Monday withdrawals will be held to the next banking day).*

*Do you wish to receive the boxed envelopes which include the St. Vincent de Paul, Diocesan collections, Christmas and Easter, and other special collections? Yes  No*

\_\_\_\_\_  
**Signature of Payor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Payor**

\_\_\_\_\_  
**Date**

***If you would like to make any changes to the above information, you must complete another form. Please contact the office or pick one up at the back of the church.***