

# ST. JAMES CHURCH

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## PRE-AUTHORIZED GIVING APPLICATION FORM

Full Name: \_\_\_\_\_

Unit: \_\_\_\_\_ No: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Envelope # (if you have one already): \_\_\_\_\_

I hereby authorize **St. James Parish** to debit my/our account in the total amount of \$ \_\_\_\_\_ **per month** to be allocated as follows:

Offertory Contribution \$ \_\_\_\_\_ per month

Building Fund \$ \_\_\_\_\_ per month

Share Life \$ \_\_\_\_\_ per month

*Note: Offertory Contribution and Building Fund must equal total monthly offering*

Name of Bank/Trust Company: \_\_\_\_\_

Account #: \_\_\_\_\_

Transit #: \_\_\_\_\_

Signature: \_\_\_\_\_

(Digital Signature Optional)

***Please attach a void cheque and return completed form to the parish office.***

Payments will be made on the 20<sup>th</sup> day of each month.

You may stop PAG **at any time** by simply writing a letter within 30 days to the parish office.