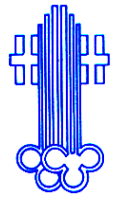


# ST. PETER'S ROMAN CATHOLIC CHURCH

100 Bainbridge Ave, Woodbridge, Ontario L4L 3Y1

Telephone: (905) 851-3600 Fax: (905) 856-0171

Email: [office@stpeterswoodbridge.com](mailto:office@stpeterswoodbridge.com)



## PRE AUTHORIZED GIVING (P.A.G.)

We are implementing a NEW Pre-Authorized Giving Plan here at St. Peter's. Although there are several plans available on our website we hope to replace them with this NEW plan which allows more flexibility and convenience for all. *This plan is not for everyone, but we are making it available to those who would want to use it.*

Our parish has always depended entirely on the generosity of our parishioners. This PAG plan allows you to give to the parish intentionally and faithfully through scheduled transfers from your bank account or credit card. Once a month, your bank or credit card accounts will be automatically charged for the amount you specified. These funds are then deposited directly into the parish's account.

This program applies only to your regular offerings to the parish and **DOES NOT include any special collections during the year such as ShareLife, Shepherds Trust, etc.**

### Advantages for the Parishioner:

- The convenience of having your offertory automatically contributed to the parish.
- Knowing that you continue to support the parish even when you are away.

### Advantages for the Parish:

- Regular, dependable contributions to the parish.
- Reduction of paperwork/envelopes

## HOW DO I ENROLL?

- Complete the pre-authorization form below and **RETURN TO THE PARISH OFFICE IN PERSON OR BY MAIL, EMAIL.** If you choose to use your debit account as your pre-authorized method of payment, **make sure you include a blank cheque marked VOID, or the equivalent form from your bank branch.**
- Complete ALL necessary fields on this form.
- You may also place the signed form in a sealed envelope marked "PAG Confidential", in the collection basket.
- Enrollment can also be completed through the parish website at [www.stpeterswoodbridge.com](http://www.stpeterswoodbridge.com).
- Your contributions will be automatically deducted on a **monthly basis**. Below are provided as examples of your monthly giving amounts based on a 52 week period.

PAG MONTHLY GIVING GUIDE	
Weekly Amount = Monthly Amount	
\$ 5	\$ 22
\$ 10	\$ 43
\$ 20	\$ 87
\$ 25	\$ 108
\$ 30	\$ 130
\$ 35	\$ 152
\$ 40	\$ 173
\$ 50	\$ 217
\$ 75	\$ 325
\$100s	\$ 433
Based on 52 weeks divided by 12 months	

***"It is in giving that we receive"*** St. Francis

# AUTHORIZATION FORM

## **OPTION 1: Pre-Authorized Debit Information**

Please print clearly and complete all fields

I hereby authorize St. Peter's parish to deduct the fixed amount specified from my/our bank account on the **20<sup>th</sup> day** of each **month**.

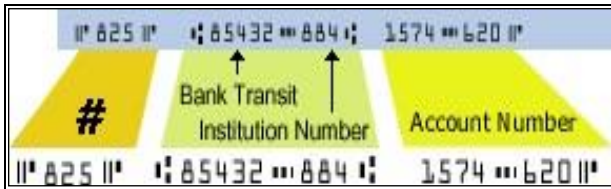
First and Last Name(s) of Account Holder(s)

Institution No.          Transit No.

<input type="text"/>	<input type="text"/>
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Account No.

**IMPORTANT: PLEASE ATTACH A CHEQUE MARKED "VOID"**



Signature of Account Holder(s)

## **OPTION 2: Credit Card Information**

Please print clearly and complete all fields

I hereby authorize St. Peter's parish to charge the fixed amount specified to my credit card on the

**1st day** of each **month**.

Name on Card

Card Number                      Expiry Date (MM/YY)

<input type="text"/>	<input type="text"/>
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Cardholder's Signature

## Parishioner Information

Please print clearly and complete all fields

First and Last Name(s)

Address

CITY, PROVINCE, POSTAL CODE

Home phone

Cell phone

Email

## Payment Method

### Option1

Pre-Authorized Debit

**PLEASE ATTACH A CHEQUE MARKED "VOID"**

### Option2

Credit Card    Visa    Mastercard    Amex

## Monthly Contribution

Please specify your total monthly donation below:

TOTAL DONATION/monthly	\$ _____
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