

St. Isaac Jogues Catholic Church

1148 Finch Avenue
PICKERING, ON L1V 1J6

Phone: 905-831-3353 Fax: 905-420-6365

Email: stisaacjogues@bellnet.ca

Website: <http://stisaacjogueschurch.com>

Instructions: Please complete the applicable section(s) and sign and date the form. Return the form in a sealed envelope in the weekly collection basket or mail it to the Parish Office. All forms must be received in the office *by no later than the 5th business day of the month*. All changes received after this time frame will be processed for the next month.

I wish to change my monthly offering amount.

I hereby authorize the Pastor of St. Isaac Jogues church to debit my bank account on the 20th day of each month, for my/our revised donation amount (not including special collections), and to allocate it as noted below:

My/our revised total monthly donation of \$ _____ to St. Isaac's Parish will be distributed as follows

- | | |
|----------------------------|----------|
| 1. Monthly Offerings | \$ _____ |
| 2. Monthly Renovation Fund | \$ _____ |
| 3. Monthly Sharelife | \$ _____ |
| Total Monthly PAG donation | \$ _____ |

I wish to change my banking information. Attach a blank cheque marked "VOID" below.

Name(s) of Contributor(s): _____

Name of Bank/Trust Company/Credit Union: _____

Bank Account Number: _____ Branch Number: _____

Transit Number: _____

**Please attach "VOID"
Cheque here**

I wish to cancel my Pre-Authorized Giving (PAG) enrollment.

(Please Print)

Name of Contributor(s): _____ Signature of Contributor(s): _____

Dated (Month /Day /Year): _____ Church Envelope Number: _____