



the **Church**
of **St Peter** and
St Simon-the-Apostle

525 Bloor St East, Toronto, ON M4W 1J1
p: 416-923-8714
e: office@stpeterstsimon.ca

Pre-Authorized Giving (PAG) Form

Charitable Registration Number
118862283RR0001

First Name _____

Last Name _____

Address _____

City/Prov/Postal
Code _____

Home phone: _____ Cell phone: _____

Email: _____

Envelope Number (if known): _____

Check here if you are a new PAG subscriber

Check here if you are a current PAG subscriber and this is an update

I/We hereby request and authorize the amount of \$_____ to be withdrawn from
my/our account at the beginning of each month.

Name and branch address of financial
institution: _____

Bank Account Number _____

Please attach a blank cheque marked "void" or bank account information provided by your bank

For joint accounts, both signatures must appear on this form. This authorization may be
cancelled at any time upon written notice.

Signature(s): _____ Date _____

_____ Date _____

Please return completed form to the church office or place in the offering plate

Thank you for using Pre-Authorized Giving!