



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

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I/We hereby request and authorize the amount of \$ _____ to be withdrawn from my/our account at the beginning of each month.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

For new PAG subscribers, please attach a blank cheque marked "void" or a Direct Deposit Form with your bank account information (usually available through your e-banking app or from 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!