

# OUR LADY OF LEBANON CHURCH – HALIFAX

## MONTHLY AUTOMATIC WITHDRAWAL – AUTHORIZATION FORM

PLEASE COMPLETE THIS FORM ONLY IF THIS IS YOUR FIRST TIME USING AUTOMATIC WITHDRAWAL,  
IF YOU'RE CHANGING YOUR WITHDRAWAL AMOUNT, OR IF YOUR BANKING INFORMATION HAS CHANGED.

<b>SECTION 1: PERSON (S) FOR WHOM DUES/COLLECTIONS ARE BEING MADE.</b>	
Please list the full names of all those family members for whom you will be paying the annual dues. Your name must be included in this list.	
NAME 1	
NAME 2	
NAME 3	
NAME 4	
<b>SECTION 2: AUTOMATIC WITHDRAWAL AMOUNTS</b>	
<b>DATE OF FIRST WITHDRAWAL:</b>  (YY/MM/DD)____/____/ 10	<b>FUNDS: (CHECK ALL THAT APPLY)</b>  <input type="checkbox"/> Annual Dues                      \$12.50/month x ____ persons = \$ _____ <input type="checkbox"/> Offertory Collections                      \$ _____  <p style="text-align: right;"><b>TOTAL MONTHLY WITHDRAWAL: \$ _____</b></p>
<b>FREQUENCY OF WITHDRAWAL:</b> <input checked="" type="checkbox"/> <b>Monthly on the 10<sup>th</sup></b> (If the 10 <sup>th</sup> occurs on a non-banking day, transfer will occur on the following banking day)	Dues are \$12.50 per person per month starting January 2014. If you are starting payment later than January, please submit the difference (cash or cheque) to the parish office or give us authorization to debit your account for the difference.  <b>I authorize Our Lady of Lebanon to debit my account for the one-time only amount of \$ _____</b> (This will be debited on the same day as the initial withdrawal date).
<b>SECTION 3: BANKING INFORMATION</b>	
Account Type	<input type="checkbox"/> Checking (please attach a VOID cheque and move to section 4) <input type="checkbox"/> Saving (provide the information below)
Full Name of Person on Account	
Bank Name:	
Bank Branch's Mailing Address:	
Transit #	
Account #	
<b>SECTION 4: PERSONAL INFORMATION</b> (of the person whose name is on the account)	
Name	
Street Address	
City / Postal Code	
Phone / Email	
<b>SECTION 5: AUTHORIZATION FOR AUTOMATIC WITHDRAWAL</b>	
Authorization must be by the person whose name is on the account and is paying on behalf of the persons named in section 1.	
<i>I hereby authorize and request Our Lady of Lebanon Church to debit my account in accordance with the information indicated above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. I understand that should I want to terminate the authorization I must notify Our Lady of Lebanon Church within at least 15 days before my account is debited.</i>	
Name (printed & as it appears on the account): _____	
Authorized Signature: _____ Date: _____	