



СРПСКА ПРАВОСЛАВНА ЦРКВА
СВЕТОГ ВЕЛИКОМУЧЕНИКА ДИМИТРИЈА
Serbian Orthodox Church St. Dimitrije
2690 Seminole St., Windsor, Ontario, N8Y 1X7
Tel/Fax: 226-674-2180, 1-226-347-8551
E-mail: svetidimitrijewindsor@gmail.com , svestenikjovica@gmail.com

MONTHLY BANK WITHDRAWAL AUTHORIZATION FORM

PERSONAL INFORMATION

Name: _____
(Last, First)

Address: _____
(Number, Street, Name)

(City, Province, Postal Code)

Home Phone #: _____

Business/Mobile#: _____

BANKING INFORMATION

Bank/Financial Institution: _____

Branch Address: _____
(Number, Street, Name)

(City, Province, Postal Code)

Branch Transit Number: _____

Account Number: _____

I hereby authorize St. Dimitrije Serbian Orthodox Church to withdraw funds from my account each month my donation in the amount of (please circle one): \$10 \$30 \$50 \$100 other _____

I may cancel this authorization at any time by contacting our Church Donation/PAR contact, or emailing at svetidimitrijewindsor@gmail.com subject to providing notice of 15 days.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

The use, retention and disclosure of personal information collected from this form is done in compliance with all applicable federal and provincial privacy legislation, and adheres to the principles of the Personal information Protection and electronic Documents Act (S.C.2000,c.5).

Signature _____ Date _____

**This authorization must be signed in accordance with the signing authority required on the account
TO ENSURE ACCURACY, PLEASE ENCLOSE A SAMPLE OF YOUR CHEQUE MARKED "VOID"