

# St. Mark's Anglican Church

203 Logy Bay Road St. John's, NF A1A 3T7 (709) 726-3213

Rector: The Rev. Robert Cooke

st.marks@nf.aibn.com

http://www.stmarks.nfol.ca

## E-Giving Authorization Form

Visa or MasterCard

Direct Debit from a Bank Account  
(please attach a void cheque)

_____
Parishioner's Name
_____
Credit Card Number
_____
Expiry Date
<input type="checkbox"/> Visa
<input type="checkbox"/> MasterCard

OR

_____
Parishioner's Name
_____
Financial Institution
_____
Bank Number
_____
Transit Number
_____
Account Number

I/We (the above mentioned parishioners) authorize the above named church to debit my/our account or charge my/our credit card indicated above, in the amount of :

\$25.00 \_\_\_\_\_ \$50.00 \_\_\_\_\_ \$100.00 \_\_\_\_\_ Other \_\_\_\_\_

once per month (on the fifteenth of each month) beginning on \_\_\_\_\_ until cancelled. This is for givings in respect of my/our annual offerings.

Each donation shall be the same as if I/we had personally issued a cheque authorizing the bank to pay St. Mark's Church as indicated and to debit the amount specified to my/our account, or as if I/we had presented our credit card and asked to have the amount specified charged to my/our card.

I/We will notify the St. Mark's Church Office promptly in writing if I/we move the account from one bank or branch to another, or if there is a change in our credit card information, or if there is any change in the amount. This authorization may be cancelled at any time upon written notice by me/us to St. Mark's Church. Any delivery of this authorization to the church constitutes delivery by me/us to the bank. I/We are all the persons who are required to sign on the above account or credit card. I/We have received a signed copy of this authorization form.

Thank you for your continued support of St. Mark's!

\_\_\_\_\_  
Date Parishioner Signature

\_\_\_\_\_  
Date Parishioner Signature

*Giving to the glory of God – Come, Grow, Go*