

## **PAP (Pre-Authorized Payment Plan)**

I would like to contribute on a Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ basis.

Regular Offering	_____
Missions	_____
St Vincent de Paul	_____
Building Fund	_____
Refugee Fund	_____
Total:	_____

### **Special Collections**

New Year's Day	_____
Share Lent	_____
(Palm Sunday)	
Good Friday	_____
Easter Sunday	_____
Papal Charities	_____
(2 <sup>nd</sup> Sunday in May)	
Seminary Collection	_____
(1 <sup>st</sup> Sunday in June)	
Catholic Missions in Canada	_____
(1 <sup>st</sup> Sunday in August)	
Needs of Canadian Church	_____
(Last Sunday in September)	
Evangelism of the Nations	_____
(3 <sup>rd</sup> Sunday in October)	
Christmas Day	_____
Total Special Collections:	_____

Name (Please Print): \_\_\_\_\_

Address \_\_\_\_\_

I hereby authorize St. Agnes Parish to implement a pre-authorized payment plan for my financial contribution to St. Agnes Parish starting on \_\_\_\_\_ (date).

Bank Name: \_\_\_\_\_

Bank No. \_\_\_\_\_

Transit No. \_\_\_\_\_

Account No. \_\_\_\_\_

Please complete the form and return it along with a VOID cheque to the parish.