

Diocesan **P**re-**A**uthorized **R**emittance
Authorization Card

Name _____

Address _____

City _____ Postal Code _____

Phone # _____ Envelope # _____

Parish/Church _____

My offering to my Parish will be in the amount of \$ _____
on the 1st or 15th of each month.

I prefer to use

Automatic debit – please attach a “VOID” cheque.

Credit card { } Visa or { } MasterCard

Card # _____

Exp: _____ / _____

I/We have read and understand the terms of this authorization
and acknowledge receipt of a copy thereof.

Signature: _____

Date: _____

The Diocese of Nova Scotia  Prince Edward Island

Office Use: Date Received _____ Date Started _____

PLEASE MAIL YOUR COMPLETED FORM TO

The Diocese of Nova Scotia & Prince Edward Island
Diocesan PAR Program - Attention: Jana O'Neil

1340 Martello Street, Halifax NS B3H 2Z1
joneil@nspeidiocese.ca 902 420 0717



Diocesan PAR (Pre-Authorized Remittance) Program

Change of Information

Name: _____

Parish: _____

Changes effective as of : _____

Please indicate the change:

- Address New Bank Account # Date of Withdrawal
 Parish \$ Amount Credit Card Number or Expiry
(please circle)

Information Type	Old	New
Address:		
Parish:		
Bank Account # (if submitting a new bank account number please attach another void cheque)		
\$ Amount		
Date of Withdrawal (1 st or 15 th)		
Credit Card		

Please cancel my withdrawal

Sign: _____

Date: _____