



**THE CATHEDRAL**  
OF ST. JOHN THE EVANGELIST

**Direct Debit Authorization Form**

Fill out this form with account information  
(or optionally include a void cheque), and mail to:

**St. John's Cathedral, Attn: Treasurer**  
**816 Spadina Cres. E, Saskatoon, SK S7K 3H4**

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

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

Email: \_\_\_\_\_

**I/We authorize**

**Financial Institution:**

\_\_\_\_\_

**Branch Address:**

\_\_\_\_\_

	Branch/Transit Number						Bank Number				
Chequing Account Number											

Example from bottom of cheque: ||\*001||\* |: 12345 ||| 004 |: 1234 ||| 1234567||\*

**to debit my account on the 10th of the month, beginning**  
**\_\_\_\_\_, 20\_\_\_, in the amount of \$\_\_\_\_\_.\_\_\_ for**  
**payment to St. John's Anglican Cathedral, Saskatoon.**

This authorization may be cancelled or changed at any time upon written notice by me/us.

**Date (dd/mm):** \_\_\_\_ / \_\_\_\_, 20\_\_\_\_

**Signature:** \_\_\_\_\_

\_\_\_\_\_

Annual tax receipts will be issued for all direct debit donations over \$10

***You may alternatively submit this form to the collection plate at a regular service.***