



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 3rd or 15th of the month (please
select one), 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