

Authorization Agreement for Preauthorized Donation Payments (EFT Debits)

I (we) herby authorize Ukrainian Catholic Metropolitan Cathedral of Sts. Vladimir & Olga to initiate debit entries to my (our)

	☐ Chequing Accoun	t 🔲 Savings account
Bank name:		
		Postal Code:
Transit No.:		
Account No.:		
	•	voided cheque (if available) so we can verify opropriate for EFT transactions.
Catholic Metropolitar from me (or either of	Cathedral of Sts. Vlaus) of its termination i	effect until 10 days after the Ukrainian dimir & Olga has received written notification n such time and in such manner as to afford e a reasonable opportunity to act on it.
Name(s) (Please prir	nt):	
Email Address:		
General Fund Gift	\$	Giving Schedule - Choose one option
Building Fund Gift	\$	☐ Draft the total amount weekly
	\$	Draft the total amount monthly
Total:	\$	Draft the total amount
Special Instructions	3:	
Signed:		Date: