

**St. Maurice Parish**  
**Electronic Funds Transfer Authorization**

Name(s): \_\_\_\_\_

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

City & Province: \_\_\_\_\_ Envelope No: \_\_\_\_\_

I (we) hereby authorize St. Maurice Parish to arrange automatic withdrawals from my(our) bank account in the amount of \$ \_\_\_\_\_ on the 15<sup>th</sup> day of each month commencing in \_\_\_\_\_  
(Month & year)

I(we) understand that I(we) may cancel this authorization at anytime by providing written notice.

I(we) note the terms and conditions for personal pre-authorized debit that are published by my(our) financial institution.

Please attach a void cheque or provide the following information:

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

Branch number: \_\_\_\_\_

Transit number: \_\_\_\_\_ Account number: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

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Please return completed form to:

St. Maurice Parish, 4 Perry Street, Ottawa, Ontario K2G 1H5

(613) 224 1892