



Rocky Mountain House



Evergreen



Caroline

**ST. MATTHEW PARISH IN ROCKY MOUNTAIN HOUSE AND MISSIONS IN EVERGREEN AND CAROLINE**

Rocky Mountain House - St. Matthew Parish \* Evergreen - Jesuit Martyrs Parish \* Caroline - St. Joseph the Workman Parish

Administration Office: 5208 - 53 Avenue \* Rocky Mountain House, Alberta ♦ Mailing Address: Box 130 \* Rocky Mountain House, AB \* T4T 1A1

Phone/Fax/Text 403-845-3457 \* Website: [www.smprmh.ca](http://www.smprmh.ca) \* E-mail to office: [office@smprmh.ca](mailto:office@smprmh.ca) \* E-mail to pastor: [pastor@smprmh.ca](mailto:pastor@smprmh.ca)

**St. Matthew Parish and Missions  
Electronic Funds Transfer  
Payor's Authorization**

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

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

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

**The Payor acknowledges that this authorization is provided for the benefit of the Payee (St. Matthew Parish) and the processing institution to process debits against the Payor's account in accordance with the rules of the Canadian Payments Association.**

The Payee (St. Matthew Parish) and the Processing Institution (Royal Bank of Canada) are authorized to draw:

- (a) **In the monthly amount** of \$ \_\_\_\_\_ may be drawn on the account of the Payor(s) beginning the 15<sup>th</sup> day of the month of \_\_\_\_\_ in the year \_\_\_\_\_ and continuing every month thereafter until the payor notifies the payee in writing that authorization is withdrawn. This amount will be allocated according to the table below.
- (b) **In the quarterly amount** of \$ \_\_\_\_\_ may be drawn on the account of the Payor(s) beginning on the 15<sup>th</sup> day of the months of January, April, July and October in the year \_\_\_\_\_ and continuing every three months thereafter until the payor notifies the payee in writing that authorization is withdrawn. This amount will be allocated according to the table below.
- (c) **In the annual amount** of \$ \_\_\_\_\_ may be drawn on the account of the Payor(s) beginning on the 15<sup>th</sup> of October in the year \_\_\_\_\_ and continuing every year thereafter until the payor notifies the payee in writing that authorization is withdrawn. This amount will be allocated according to the table below.

Please attach a VOID cheque which includes your banking and account information **OR**, fill out the following information:

Bank: \_\_\_\_\_

Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

<b>Donation Allocation - Monthly</b>	
Regular Collection	
Together We Serve	
Maintenance	
<b>Total Amount</b>	

<b>Donation Allocation - Quarterly</b>	
Regular Collection	
Together We Serve	
Maintenance	
<b>Total Amount</b>	

<b>Donation Allocation - Yearly</b>	
Regular Collection	
Together We Serve	
Maintenance	
<b>Total Amount</b>	

**The Payor acknowledges receipt of this authorization and agrees the copy of this authorization serves as pre-notification of the first payment for which this authorization is given.**

DATED at Rocky Mountain House, AB, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Name of Account Holder (Printed)

\_\_\_\_\_  
Name of Account Holder (Printed)

\_\_\_\_\_  
Signature of Account Holder(Payor)

\_\_\_\_\_  
Signature of Account Holder (Payor)