



# St. Justin, Martyr Parish

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## Pre-Authorized Giving (P.A.G) Agreement

- ☐ New PAG Agreement
- ☐ Change of Information
- ☐ Cancellation of PAG

Last Name

First Name

Address

Email

Phone

Envelope #

**Sunday Collection:** I want to support St. Justin Martyr Parish through my regular Sunday offerings to be made on a **MONTHLY** basis. Please debit my bank account:

\_\_\_\_\$80 \_\_\_\_\$120 \_\_\_\_\$160

Other Amount \$\_\_\_\_\_ (specify)

**HOPE Fund:** I wish to make extra contributions to St. Justin Martyr Parish for special church projects and repairs through **MONTHLY** donations. Please debit my bank account:

\_\_\_\_\$50 \_\_\_\_\$75 \_\_\_\_\$100

Other Amount \$\_\_\_\_\_ (specify)

I agree that the debit(s) will be withdrawn from my account on the 20<sup>th</sup> of each month and I attach a **Void Cheque**

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

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