

PAG Authorization Form - New

Pre Authorized Gifts Program

Please place this form in the offering basket on any Sunday or deliver to Envelope Secretary / PAG Coordinator Debbie Gaskell
Please keep a copy for your records
If you would like a full PAG brochure, please ask Debbie Gaskell or one of the Wardens

Create New PAG - please complete necessary information below

Name on account/card: _____

Telephone: _____

For: **Christ Church, Athens-The Anglican Parish of Lansdowne Rear**

I(we) hereby request and authorize the Anglican Diocese of Ontario to withdraw from my(our) account each month the amount of

\$ _____ as a contribution to my (our) local church

beginning on: _____

If you would like your parish to record designated amounts from your PAG for specific projects, please indicate projects and amounts here:

**Please choose option #1 or option #2

Option #1:

Debit from bank account (please attach a void cheque or EFT Form).

Signature: _____

Date: _____

Option #2:

Credit Card type _____

Card number: _____

Expiration date: _____

Signature: _____

Date: _____

PAG Authorization Form - Change

Pre Authorized Gifts Program

Please place this form in the offering basket on any Sunday or deliver to Envelope Secretary / PAG Coordinator Debbie Gaskell
Please keep a copy for your records
If you would like a full PAG brochure, please ask Debbie Gaskell or one of the Wardens

Update PAG - please complete necessary information below

Name on account/card: _____

For: **Christ Church, Athens-The Anglican Parish of Lansdowne Rear**

I(we) hereby request and authorize the Anglican Diocese of Ontario to change the withdrawal from my(our) account each month from \$ _____ to \$ _____ as a contribution to my (our) local church beginning on: _____

If you would like your parish to record designated amounts from your PAG for specific projects, please indicate projects and amounts here:

**Please choose option #1 or option #2

Option #1:

Debit new bank account (please attach a void cheque or EFT Form).

Signature: _____

Date: _____

Option #2:

New Credit Card type _____

New Card number: _____

New Expiration date: _____

Signature: _____

Date: _____