

St. Francis Xavier Parish

222 Willow Street, Saskatoon, SK, S7J 0C4 Canada

P: 306-653-5216 F: 306-653-1418

Pre-Authorized Givin	ng Registration/Change Form
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Name(s):		
Postal code: Email address:	Phone:	
Elliali audi ess.		
Please fill out the appropriate secti	ons and return it to the parish office:	
- During office hours	- Scan and email: rnbaker@rcdos.ca	
- Drop it into the collection basket	- Fax: 306-653-1418	
Pre-Authorized Giving Registation Debit my checking account (Void cheque Amount: \$ Frequency: Start date: (day/month/year)//	e attached)	
details I have provided above.	n to debit my chequing account according to the	
Printed name:	Signature:	
Pre-Authorized Giving - Ch	ange	
My new donation amount is \$		
Effective (day/month/year)/	′/	
I hereby authorize St. Francis Xavier Parish from my checking account by the amount	n to change (increase/decrease) the amount debited stated above.	
Printed name:	Signature:	