St. Simon's Anglican Church, Oakville

Pre-Authorized Giving (PAG) Agreement

Parishioner's Name _____

Address _____

Phone _____ Email _____

Please select one: New* ☐ Change Amount ☐ Change Banking* ☐ Cancel ☐

* For New or Changed Banking, please provide a void cheque OR complete the table below:

Transit number		Institution number	
Account number			

I/we hereby authorize you to debit my/our bank account, payable to the Diocese of Niagara on behalf of **St. Simon's Anglican Church, Oakville** with the following frequency:

Once a month ☐ Once every 2 weeks ☐ Once a week ☐

on the following day of the week or date of the month _____

for the amount of $ _____ starting on _____

In February of each year, St. Simon's will advise me/us of the change in Consumer Price Index (CPI) on an annual average basis, for the previous year, as published by Statistics Canada.

☐ I agree to increase the amount of my PAG by the same percentage as the increase in the CPI, unless I indicate otherwise. This change will be effective in March of that year.

☐ I agree to increase the amount of my PAG by the following percentage each year_____%, unless I indicate otherwise. This change will be effective in January every year.

☐ I do not agree to an automatic annual increase in my PAG.

This authorization is to remain in effect until The Diocese of Niagara has received written notice from me/us of its change or termination. Please note that The Diocese of Niagara must receive the change or termination by the 18th of the month in order for it to take effect the following month. In an emergency the PAG can be recalled, or a stop payment issued with 24 hour's notice. To obtain a sample cancellation form or for more information on my right to cancel a PAG Agreement, I may contact my financial institution or visit www.payments.ca

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAG Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.payments.ca

Signature _____ **Date** _____

The Diocese of Niagara remits pre-authorized donations back to **St. Simon's Anglican Church, Oakville. Please email donations@stsimon.ca with any questions or to make any changes.