



**PAROISSE SAINT-SACREMENT  
BLESSED SACRAMENT PARISH**

3040 Heather St., Vancouver, B.C. V5Z 3K3  
604-874-3636 saint-sacrement@telus.net  
**BLESSEDSACRAMENTVANCOUVER.COM**

**Pre authorized Debit Form**

Name	Birthday (dd/mm/yr)
Address	Ph. number
City/Prov.	Postal code
Email address	

**Financial Information**

(pleaser fill in information below or attach a cheque marked VOID)

Branch No.	Institution No.	Account No.
Name of Financial Institution:		
Branch Address:		
City and Postal Code:		

I/we authorize the *Blessed Sacrament Church* to debit my/our account indicated above, in the amount of \$\_\_\_\_\_

**at the end of every month** for payments payable to the *Blessed Sacrament Church* as a donation. This authority is to remain in force and effect until the *Blessed Sacrament Church* has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Blessed Sacrament Parish a reasonable opportunity to act upon it. This authorization replaces or substitutes any previous one. These donations are TAX DEDUCTIBLE.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature(s)