

AUTHORIZATION FORM

I hereby authorize the Pastor of St. Norbert's Parish to debit my account on the 20th day of each **month** as my/our offertory donation (not including special collections) noted below:

My/our total **monthly** donation of

\$ _____ Offertory

\$ _____ Capital/Maintenace Campaign

\$ _____ **TOTAL**

Name(s) of Donator(s):

Name of Bank/Trust Company/Credit Union:

Branch : _____

Account Number: _____

Please attach a void cheque

Date: _____

Signature of Contributor(s):

For Office Use Only

Parish Code _____