St. Mark's Anglican Church

203 Logy Bay Road St. John's, NF A1A 3T7 (709) 726-3213 Priest-in-charge: The Ven. Amanda Taylor st.marks@nf.aibn.com http://www.stma

http://www.stmarksanglican.ca

E-Giving Authorization Form

Visa or MasterCard			Direct Debit from a Bank Account (please attach a void cheque)	
Name on Credit Card			Parishioner's Name OR Financial Institution	
Credit Card Number		OR		
Expir	y Date CVV		Bank Number	Transit Number
	☐ Visa☐ MasterCard		Account	Number
	ve mentioned parishioners) author credit card indicated above, in the			my/our account or
\$25.00	\$50.00	\$	100.00 Othe	er
•	oth (on the fifteenth of each month oect of my/our annual offerings.) beginning o	n until d	cancelled. This is for
	I/We (the above mentioned parish			urch to increase
Mark's Churc	n shall be the same as if I/we had h as indicated and to debit the am d and asked to have the amount s	nount specifie	d to my/our account, or a	
branch to and amount. This Any delivery	by the St. Mark's Church Office proportion of the proportion of the proportion of the cancelled and the church are required to sign on the abovention form.	r credit card ir at any time up constitutes de	nformation, or if there is a on written notice by me/u elivery by me/us to the ba	ny change in the is to St. Mark's Church. nk. I/We are all the
Thank you fo	r your continued support of St. Ma	ark's!		
Date	Parishioner Signature			
Date	Parishioner Signature			