

Envelope Number _____

**ST JOSEPH'S UKRAINIAN CATHOLIC PARISH
DIRECT TRANSFER SERVICE**

Authorization: **New** **Change Form** **Cancel**

NB. Please highlight the change required. If the member has more than one transfer, please put the amount of the transfer to Change.

PARISHONER INFORMATION:

Name: _____

Address: _____ **Phone:** _____

All funds will be deposited into St. Joseph's Ukrainian Catholic Parish account at North Winnipeg Credit Union.

AUTHORIZATION TO DEBIT FINANCIAL INSTITUTION

FOR VERIFICATION PURPOSES, PLEASE ATTACH ONE OF YOUR PERSONAL CHEQUES MARKED "VOID"

Name of Institution: _____

Branch Address: _____

Transit # _____ **Account #** _____

Amount : \$ _____ **Start Date:** _____

Frequency: **Weekly** **Bi-Weekly** **Semi Monthly** **Monthly**

Purpose: _____

I UNDERSTAND AND AGREE THAT I WILL BE RESPONSIBLE FOR ANY COSTS WHICH MAY BE INCURRED TO CANCEL, RECALL OR STOP PAYMENT ON THIS DIRECT TRANSFER. AS WELL, ANY CHARGES THAT RESULT FROM NOT STOPPING THIS TRANSFER WILL BE MY EXPENSE.

THIS AUTHORIZATION MAY BE CANCELLED AT ANY TIME UPON WRITTEN NOTICE TO ST. JOSEPH'S UKRAINIAN CATHOLIC PARISH.

DATE: _____ **SIGNATURE:** _____

AUTHORIZATION TO CANCEL

DATE: _____

Effective Date: _____ **Reason:** _____

PARISHONER SIGNATURE: _____