



St. Thomas More Parish

~ eGIVE ENROLMENT FORM ~

I want to support **St. Thomas More Parish, Millbrook ON**, through eGive.

(Please print)

I/we _____ hereby authorize St. Thomas More Parish to withdraw the amounts specified below beginning *(insert date)* _____ from my/our account and deposit said funds to the general account of St. Thomas More Parish, Millbrook, ON. **A voided cheque is enclosed.**

Offertory can be withdrawn from your account once or twice per month according to your instructions here:

Please debit my account on the 15th monthly for Offertory \$ _____

Please debit my account on the 30th monthly for Offertory \$ _____

SPECIAL COLLECTIONS – donations for Special Collections will be withdrawn from your account on the 15th of the month, specified below:

Please debit my account on the 15th of the specific month for the following Special Collections:

Other Lenten charities (Feb) \$ _____ Diocesan Special Collection (July) \$ _____

Share Lent (Feb) \$ _____

Good Friday (March) \$ _____ Vocations, & Campus Ministry (August) \$ _____

Easter (April) \$ _____ Needs of the Canadian Church (September) \$ _____

Papal charities (May) \$ _____ World Missions (October) \$ _____

Priests' Benefit Fund (June) \$ _____ Christmas (December) \$ _____

I/ we understand changes and/or cancellation must be made in writing.

(Account Holder Signature)

(Date)

(Joint account co-signature)

(Parish Priest Signature)

(Date)

Your information

Name(s) on Bank Account _____

Office use only

Home phone _____ Other phone _____

Control # _____

Home address _____

Address

town

postal code

Bank Name _____

Bank Address _____

address

town

postal code

Bank number _____ Branch _____

Bank account number _____

PLEASE ATTACH A VOID CHEQUE

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 PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

Questions? Call the parish office at 705-400-7888 or e-mail: office@stthomasmillbrook.ca

Guide for converting from weekly offerings

Because there are not exactly four weeks in a month, converting from a weekly to a monthly or semimonthly offering requires multiplying your current weekly offering by 4.33 or 2.17 respectively. In the chart below, the calculation (rounded up to the next dollar) has been done for you.

I used to give this amount each week	If I opt to eGive once a month, I should give...	If I opt to eGive twice a month, I should give...
\$10	\$44	\$22
\$15	\$65	\$33
\$20	\$87	\$44
\$25	\$109	\$55
\$30	\$130	\$65
\$40	\$174	\$87
\$50	\$217	\$109
\$60	\$260	\$130
\$70	\$304	\$152
\$75	\$325	\$163
\$80	\$347	\$174
\$90	\$390	\$195
\$100	\$434	\$217

~ eGive Cancellation Form ~

I no longer wish to support **St. Thomas More Parish, Millbrook ON**, through eGive.
(Please print)

I/we _____ hereby request that St. Thomas More Parish cease making withdrawals from my/our account. I understand that it may take up to 30 days to process this request.

Your information		
Name(s) on Bank Account _____		
Home phone _____	Other phone _____	
Home address _____		
<small>Address</small>	<small>town</small>	<small>postal code</small>

 (Account Holder Signature)

 (Date)

 (Joint account co-signature)

 (Parish Priest Signature)

 (Date)