



Diocesan PAR (Pre-Authorized Remittance) Program

Change of Information

Name: _____

Changes effective as of : _____


Please indicate the change:

- Address New Bank Account # Date of Withdrawal
 Parish \$ Amount Credit Card Number or Expiry
(please circle)

| Information Type | Old | New |
|---|-----|-----|
| Address: | | |
| Parish: | | |
| Bank Account # (if submitting a new bank account number please attach another void cheque) | | |
| \$ Amount | | |
| Date of Withdrawal (1 st or 15 th) | | |
| Credit Card | | |

Sign: _____

Date: _____

The Diocese of Nova Scotia  Prince Edward Island
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 Attention: Jana O'Neil
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