

**PRE-AUTHORIZED GIVING
AUTHORIZATION FORM**

I/We hereby authorize the Pastor of Holy Cross Church to debit my/our account on the 20th of each month as follows:

\$ _____ for my/our regular Sunday
Offering and

\$ _____ for the Renovation Fund

\$ _____ Total for Holy Cross Church

Name(s) of Parishioner(s):

Address: _____

Telephone: _____

Name of Bank/Trust Company/Credit Union:

Branch: _____

Account Number: _____

(Please attach a "VOID" Cheque)

Date: _____

Signature of Parishioner(S)

For Office Use Only

Parish Code _____

**I would like to volunteer for
(Check off all that apply):**

- Choir Volunteer
- Communion for the Sick
- Confirmation Volunteers
- Extraordinary Minister of Communion
- Minister of the Altar (Altar Server)
- Minister of Hospitality (Usher)
- Minister of the Word (Lector)
- RCIA Sponsor

**I would like to participate in
(Check off all that apply):**

- Adult Catechism (Know Your Faith)
- Catholic Women's League
- Legion of Mary
- St. Vincent de Paul Society

Please indicate your Mass Preference:

- Weekdays
- Saturday, 5:00 p.m.
- Sunday, 9:30 a.m.
- Sunday 11:00 a.m.
- Sunday 7:00 p.m.



**Archdiocese
of Toronto**

Quis Ut Deus

www.archtoronto.org



REGISTRATION FORM

HOLY CROSS CHURCH

291 Cosburn Ave
Toronto, ON M4J 2M4
Tel: 416-421-5225
Fax 416-421-4656

holycrosscatholic@bellnet.ca

Holy Cross Registration Form

Please Print Clearly.

Last Name: _____

First Name: _____

Spouse's Name: _____

Children:

_____ D.O.B. _____

_____ D.O.B. _____

_____ D.O.B. _____

_____ D.O.B. _____

_____ D.O.B. _____

Address: _____

Postal Code: _____

Phone: _____

Email: _____

Occupations: _____

Do you have any areas of expertise you wish to share with the Parish?

If you are willing, would you share why Holy Cross is important to you as a Parish?

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HOW DO I ENROLL?

Fill out the form on the back page of this Brochure and attach a cheque from your account marked 'VOID'. Put the form and void cheque in a sealed envelope, and place it in the collection basket OR bring it to the Parish Office.

You may stop PAG at any time by simply writing a letter to Holy Cross Church with 30 days notice. If you would prefer to use a standardized cancellation form instead, you can obtain one from the Parish Office, your financial institution or visit: www.cdnpay.ca

You have certain recourse rights if any debit does not comply with this agreement. For example you have the right to receive reimbursement for any debit that is not

consistent with this P.A.G. agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca

CONFIDENTIALITY & SECURITY

We are committed to keeping your personal information confidential and secure and have taken measures to protect the security of your personal information.