



Diocesan PAR (Pre-Authorized Remittance) Program *Change of Information*

Name: _____

Parish/Church: _____

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		

☐ Please cancel my withdrawal

Sign: _____

Date: _____

The Diocese of Nova Scotia  Prince Edward Island
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