DIOCESE OF ONTARIO
The Anglican Church of Canada

PAG Change of Payment Form

Change for the month of: _____

Parish/Congregation: _____

PAG Co-ordinator: _____ ***Email:*** _____

1. Donor: _____
Name as appears on Credit Card or Bank Account

☐ *New* ☐ *Update* ☐ *Suspend* ☐ *Cancel* ☐ *One-time Giving*

Old Amount: _____ *New Amount:* _____

New Bank Info: _____ _____ _____
Institution # Transit # Account #

New Credit Card Info: _____

☐ *Visa* ☐ *MasterCard* *Expiry Date:* _____

2. Donor: _____
Name as appears on Credit Card or Bank Account

☐ *New* ☐ *Update* ☐ *Suspend* ☐ *Cancel* ☐ *One-time Giving*

Old Amount: _____ *New Amount:* _____

New Bank Info: _____ _____ _____
Institution # Transit # Account #

New Credit Card Info: _____

☐ *Visa* ☐ *MasterCard* *Expiry Date:* _____

3. Donor: _____
Name as appears on Credit Card or Bank Account

☐ *New* ☐ *Update* ☐ *Suspend* ☐ *Cancel* ☐ *One-time Giving*

Old Amount: _____ *New Amount:* _____

New Bank Info: _____ _____ _____
Institution # Transit # Account #

New Credit Card Info: _____

☐ *Visa* ☐ *MasterCard* *Expiry Date:* _____

☐ As PAG Co-ordinator, I confirm the donor has provided the validation for the above banking updates.

_____ _____ _____
Name Signature Date

- Please submit this form with changes to the Diocesan Finance department by the close of business on the **20th** of each month
- Church PAG Co-ordinator, please keep a copy of this form for your records
- Please us multiple forms as required