

**The Diocese of Edmonton
Pre-authorized Giving (PAG) Plan
Termination Instructions**

For Office Use: Type: _____ Date: _____ XL: _____ Bank: _____

Please complete the information below and return the completed form to your parish office.

DONOR INFORMATION *(Please type or print clearly)*

Donor Name(s):	
Address:	
Telephone:	Envelope Number:

PARISH NAME: _____

PARISH ADDRESS: _____

REQUESTED DATE OF TERMINATION: _____

Signed: _____