

temple Baptist CHURCH

Pre-Authorized Payment Authorization Form

I/we wish to participate in the pre-authorized payment plan for my/our regular givings.
(Note: This form replaces any previously given instructions and authorizations.)

Name

Address

City

Province

Postal Code

Phone #

Envelope Account # _____

Please debit my bank account in the amount of \$_____.00 / month
The debit will proceed on the 15th day of each month or the next business day.
(Attach VOID cheque)

I may revoke my authorization at any time, subject to providing a cancellation notice
15 days in advance of the scheduled withdrawal to the church.

I have the right to receive reimbursement for any debit that is not authorized
or is not consistent with this PAD agreement.

Date

Signature