**PRE-AUTHORIZED**

**DEBIT FORM**

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A **Gospel** and

**Community**

**Church**

Please fill out the enclosed form and return it with a voided cheque to the church office.

When your request is processed, you will receive a letter in the mail indicating the date of your first automatic debit. Please watch your bank account to ensure that it is being debited appropriately.

**ERINDALE ALLIANCE CHURCH**

OFFICE USE ONLY

DLB EXC LET

**PRE AUTHORIZED DEBIT (PAD) FORM**

(Please Print)

Name(s):

Address:

Postal Code: Telephone:

Email Address:

Giving Number:

I/We authorize my/our bank or financial institution to debit my/our bank account using the terms below.

I/We will ensure that funds are available to cover the amount of the withdrawal.

I/We understand that this authorization may be changed or cancelled at any time with written notice.

Please choose **only one** of the following options:

On the **first** day of each month

On the **sixteenth** day of each month

Please debit my/our bank account for this fund (or funds) in the amount(s) of:

General Fund: $

Global Advance: $

Other: $

TOTAL: $

Signature: Date:

\*

\* For joint accounts, both account holders must sign if more than one signature is required on cheques.

Please return this completed form with a **blank cheque marked “VOID”** to:

Accounting Office

Erindale Alliance Church

310 Perehudoff Crescent

Saskatoon, SK S7N 4H1