

# GRACE BIBLE CHURCH

2 Grand Ave South, Cambridge, Ontario, N1S 2L2  
Office Phone 519-623-7911  
office@gracegalt.com

## PRE-AUTHORIZED OFFERINGS

If you would like to use this convenient method of giving your offering, please complete this form submit it to the Office to the attention of Audra Hutton, Administrator

Donation Receipt is to be issued to: (Please Print)	Your Banking Information
Name:	Name of Bank:
Street Address:	Transit Number:
City:	Bank Account Number:
Postal Code:	
Phone Number:	<b>PLEASE ATTACH VOID CHEQUE</b>

This authorization is  a new authorization; or  
 a change to my existing authorization

These services are for (check one) \_\_\_\_\_ personal \_\_\_\_\_ business use

You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.payments.ca](http://www.payments.ca).

I would like my total offering to be:

- \$ \_\_\_\_\_ /weekly (every Friday)
- \$ \_\_\_\_\_ /every two weeks (every second Friday)
- \$ \_\_\_\_\_ /Monthly (First Friday)

Starting date: \_\_\_\_\_

### Offering Allocation

General Fund: \$ \_\_\_\_\_  
Amount

Benevolent Fund: \$ \_\_\_\_\_  
Amount

Other: \_\_\_\_\_ \$ \_\_\_\_\_  
Approved Fund Amount

Total: \$ \_\_\_\_\_  
Total Amount = Offering Above

I (We) authorize Grace Bible Church to withdraw the above amount from my (our) bank account. (Include both signatures if your bank account requires two signatures.)

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

