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| --- |
| **DONOR(S) NAME(S)** |
| **ADDRESS** |
| **CITY PROVINCE POSTAL CODE** |
| **NAME OF FINANCIAL INSTITUTION** |
| **BRANCH ADDRESS** |
| **CITY PROVINCE** |
| **BANK NUMBER TRANSIT NUMBER** |
| **ACCOUNT NUMBER** |
| I/We (the above named donor(s) authorize BETHANY CHRISTIAN REFORMED CHURCH to debit my/our account indicated above, in the amount of $ \_\_\_\_\_\_\_\_ on the 20th of each ***month (starting January 2018 till December 2018*** |
| Each payment shall be the same if I/we had personally issued a cheque authorizing the Bank to pay Bethany Christian Reformed Churchas indicated and to debit the amount specified to my/our account.I/we will notify the treasurer of Bethany CRC in writing if I/we move the account from one bank or branch to another or if there is any other change in the account.I/we understand that the Bank is not responsible to verify whether these payments are properly debited to my/our account.This authorization may be cancelled at any time upon written notice by me/us to the treasurer of Bethany CRCAny delivery of this authorization to BETHANY CHRISTIAN REFORMED CHURCH constitutes delivery by me/us to the Bank.I/We am/are the person(s) who are required to sign on the above account. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DONOR’S SIGNATURE DATE*****\*IMPORTANT: PLEASE ATTACH A CHEQUE MARKED VOIDTO THIS FORM.*** |

**PRE-AUTHORIZED PAYMENT**

**AUTHORIZATION FORM FOR FAITH GIVING 2018**