

# WEST HIGHLAND FELLOWSHIP BAPTIST CHURCH

Phone 905-387-5385, Fax 905-387-1685

westhighland@westhighland.org

## PRE-AUTHORIZED OFFERINGS

If you would like to use this convenient method of giving your offering, please complete, print this form and put it in the Response Box in the foyer, or submit it to the Office: Attention of Don Crowder, Director of Administration.

Donation Receipt is to be issued to: (Please Print)	Your Banking Information
Name	Name of Bank
Street Address	Transit Number
City, Province, Postal Code	Bank Account Number
Phone Number	<b>PLEASE ATTACH A VOID CHEQUE TO THIS FORM</b>
<input type="checkbox"/> An Individual <input type="checkbox"/> Business	

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

I would like my total offering to be:

\$ \_\_\_\_\_ /weekly (every Friday)       \$ \_\_\_\_\_ /every two weeks (every second Friday)       \$ \_\_\_\_\_ /monthly       1<sup>st</sup> of the month  
 15<sup>th</sup> of the month

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

### Offering Allocation

General Fund \_\_\_\_\_  
Amount

Capital Campaign \_\_\_\_\_  
Amount

Other \_\_\_\_\_  
Fund Amount

Total \_\_\_\_\_  
Total Amount = Offering Amount Above

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).

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_