

PRE-AUTHORIZED PAYMENT FORM

Email (scan or send photo) your completed form to Tracy at fin@gracecommunity.ca

New **Increase** **Decrease** **Change Banking**

Name:

Address:

City:

Postal Code:

Email:

Please debit my account:

Monthly \$ _____
- on the 1st or 15th
(circle one)

Weekly \$ _____
- on Fridays

Please indicate funds:

Tithes Benevolent Other (please specify): _____

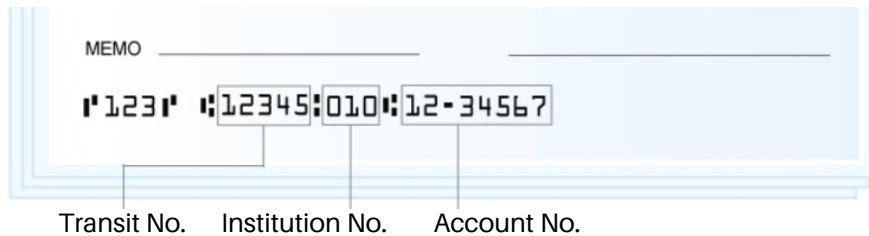
Banking information:

Transit No.:

Institution No.:

Account No.:

How to find your banking information on a personal cheque:



Signature:

Date:

Your treatment of each payment shall be the same as if I/we had personally issued the cheque authorizing you to pay as indicated and to debit my/our account accordingly.

This authorization may be cancelled upon written notice. Please note that we must receive any change by the 20th of the month in order for changes to take effect for the following month.