

Pre-Authorized Giving Agreement

\ give /	
New Aut	horization Change To Existing
(Fill this out if you don't have a cheque)	
Account Holder(s):	d)
Address:	Financial Institution: Address: Address:
Phone Number:	Address:
Phone Number:	
Email:	Voic
Account Information: Route: Transit: Transit:	Account: Attac
Frequency: Weekly [Sundays] Bi-Weekly [every second Friday] Semi-Monthly [15th & last day of the month] Monthly [last day of the month] Monthly [day of the month]	Start Date://dd
	Amount:
	ring Place withdraw the amount indicated from the . I understand this authorization can be cancelled or en notice to The Meeting Place.
ignature:	Date: