

PRE-AUTHORIZED AUTOMATIC DONATION AGREEMENT FORM

Please Print

Name: _____

Address: _____

Postal Code: _____ Phone (H): _____ (W): _____

Email: _____ Current Envelope #: _____

I/We authorize East Side Church of God to withdraw \$ _____ from my/our financial account using the option identified below:

- Monthly (*withdrawn on the 1st of each month*): _____
- Monthly (*withdrawn on the 15th of each month*): _____
- Weekly (*withdrawn every Monday*): _____

I/We authorize East Side Church of God to allocate my/our Pre-Authorized Automatic Donation as follows:

\$ _____ Tithes & Offerings (General Operating Budget)

\$ _____ BLESS Your World Mission Challenge

\$ _____ Other (specify) _____

This Agreement will be in effect until I/we cancel or change it in writing. Please note that a letter of change or cancellation must be received fourteen (14) days before change takes effect to allow for processing.

Dated: _____ Signed: _____

Effective: _____ Signed: _____

(If a Joint Account, both must sign)

Please complete and return this form to the church office along with a void cheque.



Andrea Kerr

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