Pre-Authorized Payment Authorization Form - Giving Donations

TRICITY CHURCH

To: TriCity Church

☐ NEW SIGN-UP ☐ CHANGE MY INFORMATION

DONOR INFORMATION

Donor 1 First Name | Middle Name | Last Name

Donor 2 First Name | Middle Name | Last Name

Address

City | Province | Postal Code

Email Address | Phone Number

DONATION INFORMATION

TriCity Per Withdrawal

$ _____ General Fund

$ _____ Care

$ _____ Church Multiplication

Withdrawal Schedule

☐ Weekly on Fridays

☐ Bi-Weekly on Fridays

☐ 1st of the month

☐ 15th of the month

Start date for donations: _____

Month Day Year

Text

I/We (the below named Donor(s)) authorize TriCity Church to debit my/our account indicated for the designated amounts on each withdrawal schedule.

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay TriCity Church as indicated and to debit the amount speci ied to my/our account.

I/We will notify TriCity Church promptly 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 canceled at any time upon written notice by me/us to TriCity Church. Any delivery of this authorization to TriCity Church constitutes delivery by me/us to the Bank. I/We am/are all the persons who are required to sign on the below account.

Donor 1 Signature | Month | Day | Year

Donor 2 Signature | Month | Day | Year

Please include a cheque marked "VOID"

Contact Marg Crandell at 604.944.1567 or giving@tricitychurch.ca
TriCity Church | 2145 Nova Scotia Avenue | Port Coquitlam BC | V3C 5M9
604.944.1567 | www.tricitychurch.ca