



PRE-AUTHORIZED DEBIT GIVING
CONFIDENTIAL

CONTACT INFORMATION

NAME		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE		
EMAIL		

OFFERING ENVELOPE NUMBER

DONATION INFORMATION

GENERAL FUND:	_____
BUILDING FUND:	_____
BENEVOLENT FUND:	_____
TOTAL:	\$ _____

Please attach a void cheque or a direct deposit form, for the account, from which funds are to be withdrawn.

I hereby authorize Calvary Baptist Church (454 Arkell Rd., Puslinch, ON NOB 2J0) to debit the account provided in the amount specified above.

I UNDERSTAND:

- My account will be debited for the amount indicated on the 15th of each month. (If the 15th falls on Saturday, Sunday or on a statutory holiday, the withdrawal will be on the following business day.
- This commitment can be cancelled at any time by providing written permission.
- Changes can be made to this arrangement at any time by providing written notification.
- Income Tax Receipt will be issued at the end of each calendar year for the donations received.

USE OF PERSONAL INFORMATION:

This information may be used from time to time for the following purposes:

- To verify your identity
- To issue tax receipts for contributions donated to Calvary Baptist Church
- To comply with valid request for information, from government agencies, public bodies or other entities who have a right to issue such requests.

NAME: _____ DATE _____

SIGNATURE: _____

Please return form to the debit machine clerk, or in a sealed envelope addressed Offering Steward - Envelopes