

# Alliance Church

15502-102 Street

Grande Prairie, AB T8X 0J6

Phone: 780-532-8836 Fax: 780-532-8869



## Pre-authorized Debit Form

Name(s) \_\_\_\_\_ Env#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

I (we) choose to donate toward the operations at Grande Prairie Alliance Church using the monthly payments by direct debit option as per the below donation schedule.

I (we) hereby authorize the Grande Prairie Alliance Church to debit my (our) bank account identified below for the amounts in the donation schedule below. Donations will be processed prior to the authorized date selected and will be taken out of the authorized account on the date option chosen below.

I (we) may cancel this authorization at any time, subject to providing the financial secretary at Grande Prairie Alliance Church with a minimum of 6 days written notice.

I (we) have certain recourse rights if any debit does not comply with this agreement. For example, I (we) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information of my (our) recourse rights, I (we) may contact my (our) financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

### Bank Information: (Please attach void cheque)

Name of Financial Institution: \_\_\_\_\_ Financial Institution #: \_\_\_\_\_

Branch #: \_\_\_\_\_ Account #: \_\_\_\_\_

### Donations are to be applied as follows:

General Church Expenses	\$ _____	Alliance Women	\$ _____
Global Advance fund	\$ _____	Other (please specify):	_____
Canadian Ministries	\$ _____		\$ _____
Building & Mortgage	\$ _____		\$ _____
Ambrose University College	\$ _____		\$ _____
Total amount to be debited per month			\$ _____

### Please choose only one of the following date options:

- 1<sup>st</sup> day of each month  
 20<sup>th</sup> day of each month

### This debit authorization is in effect until:

- Until I request a change or cancellation  
 From \_\_\_\_\_ to \_\_\_\_\_  
(month, year) (month, year)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(for joint accounts, both account holders must sign if more than one signature is required on cheques)

Please return completed form with a **blank cheque marked "void"** to: Payments are:

Grande Prairie Alliance Church  
Attention: Financial Secretary

- business use  
 personal use