

Milliken Gospel Church Pre Authorized Debit Agreement

I/we want to support Milliken Gospel Church through monthly donations

Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email address: _____

Please debit my bank account. My contribution should be distributed as follows:

1) General Fund \$ _____ 2) Missions Fund \$ _____ 3) Building Fund \$ _____

Total Monthly Contribution \$ _____ Commencing (MM/YY): _____

The debit will be processed to your account on the 20th day of each month or the next business day.

Bank Name: _____

Bank Branch Address: _____

Account Number: _____ Transit Number: _____

Void cheque attached

I/we may revoke or change my/our authorization at anytime, subject to providing a 30-day notice.

I/we agree that, for the purpose of this agreement, all pre-authorized debits from my/our account will be treated as Personal.

Signature: _____

Date: _____