

WEST HIGHLAND FELLOWSHIP BAPTIST CHURCH

1605 Garth Street, Hamilton, Ontario, L9B 1X8

Office Phone 905-387-5385, Fax 905-387-1685

westhighland@westhighland.org

PRE-AUTHORIZED OFFERINGS

If you would like to use this convenient method of giving your offering, please complete this form and put it in the Response Box in the foyer, or submit it to the Office to the attention of Bookkeeper.

Donation Receipt is to be issued to: (Please Print)	Your Banking Information
Name	Name of Bank
Street Address	Transit Number
City, Province, Postal Code	Bank Account Number
Phone Number	PLEASE ATTACH A VOID CHEQUE TO THIS FORM
<input type="checkbox"/> An Individual <input type="checkbox"/> Business	

This authorization is a new authorization; or
 a change to my existing authorization.

I would like my total offering to be:

\$ _____/weekly (every Friday) \$ _____/every two weeks (every second Friday) \$ _____/monthly 1st of the month
 15th of the month

Starting date: _____

Offering Allocation

General Fund _____
Amount

Capital Campaign _____
Amount

Other _____
Fund Amount

Total _____
Total Amount = Offering Amount Above

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

I (We) authorize **West Highland Fellowship Baptist Church** to withdraw the above amount from my (our) bank account. (Include both signatures if your bank account requires two signatures.)

Signature _____ Date _____

Signature _____