

Pre-Authorized Payment Authorization Form - Giving Donations



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

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 specified 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 Courtney Phillips at 604.944.1567 or giving@tricitychurch.ca
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604.944.1567 | www.tricitychurch.ca