

## **PRE-AUTHORIZED CONTRIBUTIONS**

With our pre-authorized contribution option, your offering/tithe is made automatically on the date(s) you choose. No more trying to remember to bring a cheque to church or pay fees for writing a cheque.

# How do I participate in the pre-authorized contribution program?

- Complete and sign the authorization section
- Attach a personal blank cheque marked "void", or include your account information on the back of this form
- Mail this form to the address below, place it in the offering bag on Sunday or email to barb@renewchurch.ca

#### It's easy to make changes:

To increase or decrease the amount of your gift, or to discontinue, please inform the Renew Church office in writing (mail or email) fifteen (15) days prior to the debit date.

Please inform us of account changes by providing a new "void" cheque or account info.

As usual, you will receive an income tax deductible receipt at our year end.

### **RENEW CHURCH**

31-6535 Millcreek Drive Mississauga, ON L5N 2M2

(905) 821-6328 barb@renewchurch.ca

## PRE-AUTHORIZED CONTRIBUTION AUTHORIZATION

| First Name               | Last Name |             |
|--------------------------|-----------|-------------|
|                          |           |             |
| Street Address           |           |             |
|                          |           |             |
|                          |           |             |
| City                     | Province  | Postal Code |
|                          |           |             |
|                          |           |             |
| Email                    | Phone     |             |
|                          |           |             |
|                          |           |             |
| Spouse's Name (optional) |           |             |
|                          |           |             |
|                          |           |             |

I/WE authorize Grace Community Church of Mississauga o/a Renew Church to process a debit, in paper, electronic or other form in the amount of

\$\_\_\_\_\_ from my/our account on the

Tenth (10th) day of each month AND/OR the

Twenty-fifth (25th) of each month.

(Check both boxes if you want identical amounts to come out on both dates)

Beginning \_\_\_

MONTH / YEAR

Please provide a void cheque for your acount (original copy or scan), or enter your account info below:

| Transit (Branch) Number        | Financial Institution (Bank) Number |  |
|--------------------------------|-------------------------------------|--|
| Designation and Account Number |                                     |  |
|                                |                                     |  |



This is a new pre-authorized contribution

| OR I am changing | my: 🗌 | bank | info |
|------------------|-------|------|------|
|                  |       |      |      |

giving amount

I understand that this authorization may be cancelled at any time upon written notice (mail or email) 15 days prior to withdrawal date.

Signature(s) as required on cheques issued against the account

Second signature if required

Today's date

RECOURSE/REIMBURSEMENT

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PDA Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.