

Brant Community Church

Pre-Authorized Giving Application

(Electronic Funds Transfer)

**Donor information (please print clearly)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize Brant Community Church and the financial institution designated (or any other financial institution I may authorize at any other time) to begin debits as per my instructions detailed as follows:

Debit frequency: Weekly (Monday) \_\_\_ Bi-Weekly (every second Monday) \_\_\_

 Monthly (1st of the month) \_\_\_ Semi-Monthly (1st & 15th of the month) \_\_\_

Debit Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This donation is made on behalf of \_\_\_\_ an individual \_\_\_\_\_ a business

Financial Institution Information required: The application must be accompanied with either a VOID cheque or a Pre-Authorized Debit Form (supplied by your bank)

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a cancellation form, of for more information on my right to cancel a PAG agreement, I may contact my financial institution or visit www.cdnpay.ca

**Church contact:**

**Brant Community Church office**

**69 Superior Street**

**Brantford Ontario N3S 2K5**

**Phone: 519 756 3993 ext 1** Email: finance@brantcommunitychurch.ca

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 the PAG agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Signature(s) are required on cheque issued against on this account:

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The required can be scanned and emailed to finance@brantcommunitychurch.ca or placed in a sealed envelope marked “Confidential: BCC Finance” and placed in an offering box or handed in to the office. Forms must reach Brant Community Church before the 15th of the month in order to start withdrawal the following month.