

Pre-Authorized Chequing Plan Authorization Form

I would like to:

- Start** pre-authorized payments – I hereby authorize Aldergrove Alliance Church to debit my account on the 5th and/or the 20th day of each month. (Please circle one or both options)
- Change** my pre-authorized payments
- Cancel** my pre-authorized payments

Designated Area(s) of Giving

General Fund	\$ _____
Building Fund	\$ _____
Benevolent Fund	\$ _____
Missions	\$ _____
Monthly Total	\$ _____

Start Date: _____

Note: Forms must reach AAC before the 25th of the month in order to start withdrawals the following month.

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Yes, I have enclosed a void cheque

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

Date