

# 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 5<sup>th</sup> and/or the 20<sup>th</sup> 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 25<sup>th</sup> 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