

Pre-Authorized Donation Form



New Donation Change to Donation Cancel Donation as at _____
Month/Day/Year

NOTE: Data is transferred to the bank once a month. Your form must be received by the 20th of the month in order to be reflected in the following month.

1. Personal Information *(Please print clearly)*

Name *(First, Middle Initial, Last)*: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone number: _____

2. Payment Options

A fixed amount of \$ _____

i) monthly on the _____ of each month commencing on _____, or

ii) weekly on (insert day) _____ commencing on _____, or

iii) bi-weekly on (insert day) _____ commencing on _____

Allocate my donation as follows:

Summit Ministry (General Fund): \$ _____

Building: \$ _____

Missions: \$ _____

If no allocation is specified, amount will be allocated to Summit Ministry (General Fund). Please note that donations are only accepted for Board approved programs and projects. When a project has been fully funded or cannot be completed for reasons determined by the Board, designated contributions will be used where most needed.

3. Pre-Authorized Donation (PAD) Account Information *(For new requests or if requesting a banking change)*

Name of Bank: _____

Account #: _____ Branch #: _____ Institution #: _____

For verification, please attach a blank cheque marked "VOID" or a Direct Deposit Form from your bank.

4. Authorization

The donor authorizes Summit to debit the PAD account for the above noted amounts. You acknowledge that there will be no pre-notification of this debit and that it will continue until Summit receives written notification of your desire to change or cancel the donation.

Signature of account holder

Signature of joint account holder

Name *(Please print)*

Name *(Please print)*

Date *(Month/Day/Year)*

Date *(Month/Day/Year)*

If Joint Account, all authorized signatures are required.