

PRE-AUTHORIZED ELECTRONIC FUNDS TRANSFER

Member Name: The Father’s House Christian Fellowship Sturgeon County

Member Account Number: 3051331

Last Name	First Name	Phone
Address		
City	Province	Postal Code

I/We here by authorize The Father’s House Christian Fellowship – Sturgeon County to initiate a Debit to my account by method of Electronic Funds Transfer beginning _____(month and year).

Amount of Payment \$ _____

Frequency of payments

- Semi-monthly (1st and 15th) or
- Monthly paid on the 1st
- Monthly paid on the 15th

Allocate to: General Fund \$ _____ Building Fund \$ _____ Higher Grounds \$ _____

Bank Information (All numbers must be provided)

Bank Route # _____ Bank Transit # _____ Account # _____

Note: If your debit is to a chequing account, please attach a VOID cheque. Please do not write on the magnetic encoding found on the bottom of your cheque.

Name of Bank		
Address		
City	Province	Postal Code

I further acknowledge by my signature, duly dated, that I shall be responsible for any cost incurred by The Father’s House Christian Fellowship that may arise from my failure to immediately advise them of any change, for any reason, to my bank account number or address from the bank, from the foregoing information.

Account Holder Signature	Date
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Office Use Only	
Accepted by and on behalf of	
Signature	Date