



Pre-Authorized Donation Authorization

Authorization Information:

I/We hereby authorize the bank or financial institution named below to debit my/our **Canadian dollar account** each month and provide the payments to First Alliance Church. The monthly debit to my/our account is scheduled for **the 15th day of each month**. If the 15th day of the month falls on a weekend or holiday, the debit will occur on the first business day following the 15th of the month.

Option to Cancel or Change this Authorization at Any Time:

I/We may cancel this authorization at any time, by providing written notice to First Alliance Church. I/We will provide **ten days notice** to First Alliance Church of the details of any changes in the pre-authorized bank account below (in the event of a change in bank accounts, etc.)

Authorization for the First Alliance Church's Bank (Royal Bank of Canada):

Receipt of this authorization by the First Alliance Church constitutes delivery by me/us to the bank or financial institution named below. I/We affirm that all persons whose signatures are required to authorize withdrawals from the account below have signed this authorization. I/We agree that the information contained in this authorization may be disclosed to the Royal Bank of Canada as required to complete any pre-authorized debit transaction.

My Name _____

My Street Address _____

(City, Province, Postal Code) _____ Phone # _____

Bank Account No. _____ Bank or Financial Institution _____

Branch Street Address _____

(City, Province, Postal Code) _____

Indicate below the donation you would like to make to the following:

General Fund \$ _____ Building Fund \$ _____

Mission Fund \$ _____ Benevolent Fund \$ _____

Memorial Fund \$ _____ Refugee Fund \$ _____

New Venture Fund \$ _____

Total Amount of Pre-Authorized Payment \$ _____ Date to Commence ____/____(mm/yy)

Authorized Signature

Second Authorized Signature (if needed)

Please attach a voided, blank cheque here.

3250