



Pre-Authorized Giving Donation Form

please print – all fields required

DONOR INFORMATION

Donor 1 First name

Middle Name

Last Name

Donor 2 First name

Middle Name

Last Name

Address

City

Province

Postal Code

Email Address

Phone Number

DONATION INFORMATION

Amount per Withdrawal: \$ _____

Withdrawal Schedule: ☐ 1st of the month ☐ 15th of the month

Withdrawal Designation: \$ _____ General Fund

\$ _____ Building Fund (Extending Our Impact)

\$ _____ Care Fund

Start Date for donations: _____ (mm/dd/yyyy)

I/We (the above-named Donor(s)) authorize Ross Road Community Church to debit my/our account indicated for the designated amounts on each withdrawal schedule as selected.

Each payment shall be the same as if I/We had personally issued a cheque authorizing the Bank to pay Ross Road Community Church as indicated and to debit the amount specified to my/our account.

I/We will notify Ross Road Community Church promptly in writing if I/We move the account from one Bank or branch to another, or if there is any other change in the account.

Any delivery of this authorization to Ross Road Community Church constitutes delivery by me/us to the Bank.

This authorization may be cancelled at any time upon written notice by me/us to Ross Road Community Church.

I/We am/are all the persons who are required to sign on the below account.

Donor 1 Signature

Date: (mm/dd/yyyy)

Donor 2 Signature

Date: (mm/dd/yyyy)

Please include a cheque marked "VOID" along with your completed form.