

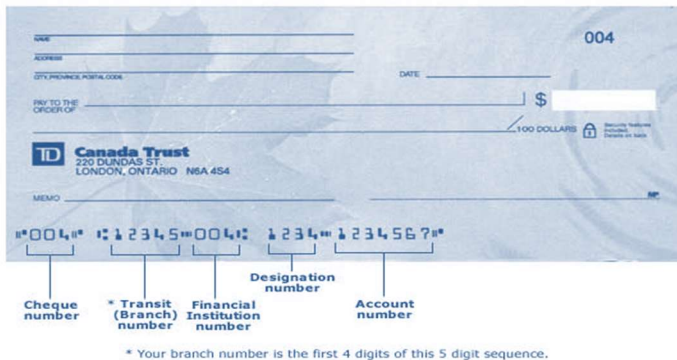
PRE AUTHORIZED GIVINGS PROGRAM - HIGHLAND

Last Name	First	Envelope #
Street Address		Apartment/ Unit #
City	Postal Code	
Phone	E-mail Address	

Bank Account Information

Bank Name	Bank Address	
Financial Institution Number	Transit Number	Account Number

Mark your cheque VOID. Attach here.



Start this withdrawal on:

Date

This authorizes Highland Baptist Church to withdraw MONTHLY PAYMENTS from this bank account and allocate to:

"General	\$	Capital	\$	Communion	\$	Mission	\$
Youth	\$	CNDC	\$		\$	TOTAL	\$

"General fund covers staff salaries, property and general expenses

Signature

Date



- ❖ All pre-authorized payments are processed on the ***first banking day of each month***
- ❖ ***TO CANCEL/CHANGE BANKING INFORMATION / CHANGE AMOUNTS:***
- ❖ *Notify the Church Office at least 10 business days before the end of the month.*
- ❖ *Please email form to office@highlandbaptist.ca*