



# PRE AUTHORIZED DEBIT FORM

## 1. PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

I/We authorize my/our bank or financial institution to debit my/our bank account using the terms below.

I/We will ensure that funds are available to cover the amount of the withdrawal.

I/We understand that this authorization may be changed or cancelled at anytime with written notice.

## 2. BANK INFORMATION: (PLEASE ATTACH VOIDED CHEQUE)

Name of Financial Institution: \_\_\_\_\_ Financial Institution #: \_\_\_\_\_

Branch #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Please debit my/our bank account for this fund (or funds) in the amount(s) of:**

General/ Operating \$ \_\_\_\_\_

Missions \$ \_\_\_\_\_

#wearerockyview Fund \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Please choose ONLY ONE of the following options:**

On the **1st** day of each month

On the **16th** day of each month

On the **1st** and **16th** day of each month

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

**For joint accounts both account holders must sign if more than one signature is required on cheques.  
Please return this form with a **BLANK CHEQUE MARKED "VOID"** to:  
Rockyview Alliance Church Attention: Office Manager**