



Pre-authorized Chequing Form

You can make changes or cancel the plan at any time just by writing to the Fellowship Office.

Donor Information

Name: _____

Mailing Address: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

E-mail: _____ Phone: _____

Banking Information

Bank Name: _____

Transit #: _____ Account #: _____

Please attach a void cheque

Monthly Gift Designation

Ministry/Fund: _____ Amount: _____ \$

Ministry/Fund: _____ Amount: _____ \$

Ministry/Fund: _____ Amount: _____ \$

Ministry/Fund: _____ Amount: _____ \$

Withdrawals to begin (Month/Year): _____

I want to be receipted (choose an option):

Monthly Annually

Authorization

I hereby authorize The Fellowship of Evangelical Baptist Churches in Canada to debit my account on the 15th of each month until further notice.

Signature: _____ Date: _____

Send the completed and signed form along with a void cheque to:

By Mail: Fellowship French Mission PO Box 457 Guelph ON N1H 6K9

By Fax: 519-821-9829