

Pre Authorized Debit (PAD) Enrollment Form

To enroll, complete this form and drop it in the offering plate, or mail to: 41 Torbarrie Rd. Toronto, ON M3L 1G5 **PLEASE ATTACH A VOID CHEQUE.**

General Information:

Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

I would like to give through pre-authorized withdrawal. I/We authorize Faith Worship Centre to process a debit in electronic form from my/our bank account as follows:

General Fund : \$ _____

Building Fund : \$ _____

Total : \$ _____

Select one of the following:

New Enrollment Change in Amount* Change in Account

Frequency and Amount of Transfers:

1st of every month in the amount of \$ _____

15th of every month in the amount of \$ _____

1st and 15th of every month in the amount of \$ _____

When do you want your automated giving to begin? _____

*To change the amount of your automated give, you can call our finance department at 416-249-7979 x 501 or email the new information to finance@myfwc.ca or fill out and return this form. Account numbers are not needed to make a change.

I/We acknowledge that this authorization on will be in force un I notice in writing is given to stop the direct withdrawal.

Signature: _____ Signature: _____

Date: _____ Date: _____



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