Place your completed form and VOID cheque, folded, into a giving envelope (found in the backs of the chairs), and mark it "Confidential: Financial Administrator". You can place the envelope in the offering plate at any of our services or drop it off at the church office during the week. To respect confidentiality, envelopes will be opened only by our Financial Administrator.

Please complete the Pre-Authorized (PAD) Agreement Below

I want to support The Journey Church through debit my bank account in the amount of \$		hereby authorize The specify amount). **P	•	hegue.
Debit to your account will be processed at your convenience Please indicate the start date**:	This amount can be do \$ General Fund \$ Special Projects Fu			
Please state the frequency: weekly biweekly monthly	\$ Missions Fund\$ Community Care\$ Building Fund	,	\$Other	
I have certain recourse rights if any debit does not conthat is not authorized or is not consistent with this PAD Further information on your rights as a Payor or to obtain Signature: Financial Information (please print)	Dagreement. I may revoke my ain a sample cancellation form,	authorization at any tim- please visit www.cdnpay	e, subject to providing n	notice of 30 days. ncial institution.
Name: City/Town: Phone:	Province: —			
FINANCIAL INSTITUTION (FI): FI Address: Province:				
FI Account #: Authorized Signature:	Bank	Code:	FI Transit #:	