Place your completed form and VOID cheque, folded, into a giving envelope (found in the backs of the chairs), and mark it "Confidential: Giving | 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 Giving Administrator.

## Please complete the Pre-Authorized (PAD) Agreement Below

I want to support The Journey Church throug debit my bank account in the amount of \$		(B) (3) (3) (3) (4)	Journey Church to lease attach VOID cheque.
Debit to your account will be processed at your convenience  Please indicate the start date**:  Please state the frequency:  weekly	This amount can be designed.  \$ General Fund  \$ Special Projects Fund  \$ Missions Fund  \$ Community Care Fund  \$ Building Fund	\$NGV \$Soucy's	\$Other
I have certain recourse rights if any debit does not of that is not authorized or is not consistent with this PA Further information on your rights as a Payor or to of Signature:  Financial Information (please print)	AD agreement. I may revoke my aut btain a sample cancellation form, ple	thorization at any time ase visit www.cdnpay	e, subject to providing notice of 30 days
Name:	Address:	4	
City/Town:			Code:
Phone:	Email:	10000-0000	100-100-200
FINANCIAL INSTITUTION (FI):			
FI Address:	1000 1000 D		
Province:	Postal Code:		
FI Account #:	Bank Co	ode:	FI Transit #: