PRE-AUTHORIZED GIVING FORM

Please attach a void cheque to this form. Completed forms can be submitted to the info desk on Sundays or dropped off at the office during the week. Please mark "Attention: Bookkeeping - Confidential" on the envelope.

	Applicant I	nformation		
Full Name:				
Last	First			
Address:				
Street Addr	ess	Aj	oartment/ Unit #	
City		Province	Postal Code	
Phone:	Ema	it:		
Bank or Financial Institut	ion:			
		zed Payment		
1 ST OF THE MONTH		15 TH OF THE MONTH		
Amount:		Amount:		
Designated as follows:		Designated as follows:	Designated as follows:	
General Fund:		General Fund:		
Flourish:		Flourish:		
Global Advance:		Global Advance:		
Other (please detail):		Other (please detail):		
Authorization Information	Stony Plain Alliance Church	financial institution named abd count each month and provide (SPAC). The monthly debit to n r 15th of the month as indicated	payments to Initials ny account is	
Option to Cancel or Change:	notice to SPAC. I/We will pr	rization at any time, by providii ovide 30 days' notice to SPAC o uthorized bank account listed o	of the details Initials	
Authorization for SPAC's Bank (Royal Bank of Canada):	the Royal Bank of Canada. I signatures are required to a account have signed this au contained in this authorizati	by SPAC constitutes delivery by SPAC constitutes delivery by We affirm that all persons when the lithorize withdrawals from the lithorization. I/We agree that the nowill be disclosed to the Royablete any pre-authorized debit	nose Initials above ne information al Bank of	
Authorized Signature		Second Authorized Signat	ure (if required)	
Date		Date		

