

BETHANY CHAPEL OF CALGARY

Personally Pre-Approved Chequing Application

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ PHONE _____

Name of Financial Institution _____

Branch Address _____

City _____ Province _____ Postal Code _____

BANK Number _____ TRANSIT Number _____

ACCOUNT Number _____

START DATE _____ AMOUNT \$ _____
YYYY - MMM - DD

DISBURSEMENT SCHEDULE: 1st of the Month and/or 15th of the Month

GENERAL FUND \$ _____ PASTORAL CARE FUND \$ _____

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I/We the indicated donor(s) authorize Bethany Chapel of Calgary to debit my/our account which is also indicated on this form, for the designated amounts on the disbursement schedule. Each payment shall be the same as if I/We had personally issued a Cheque authorizing the my/ Bank to pay Bethany Chapel of Calgary as indicated, and to debit the amount specified to my/our account. I/We will notify Bethany Chapel of Calgary promptly in writing if I/We move the account from one Bank or branch to another, or if there is any other change in the account. This authorization may be cancelled at any time upon written notice by me/us to Bethany Chapel of Calgary. Any delivery of this authorization to Bethany Chapel of Calgary constitutes delivery by me/us to my/ our Bank. I/We am/are all the persons who are required to sign on the indicated account shown on side one.

DATE _____

Donor Signature(s) _____

The donor hereby authorizes Bethany Chapel to use the designated funds for other ministry-related programs or purposes if the program or project for which the enclosed gift is designated has been fully funded, or if the Bethany Chapel Deacons or Elders, in their sole discretion, determine that the program or project for which the funds are designated will not be carried out.