

CANADA

Community of Christ



Authorization to Automatically Withdraw Funds for

PAT
PRE-AUTHORIZED
TRANSFER

Local and/or World Contributions

* Forms received at HQ by the 1st will affect the withdrawal on the 15th.

- New—(Complete entire form— *attach a voided blank check.*)
- Change—(Include name, any changed information, signature)
- Cancel—(Include name and signature)

Offering Envelope No.

Name (1) _____

Name (2) _____

Street _____

City _____

Prov/Postal Code _____

Daytime Phone _____

E Mail Address _____

LOCAL	WORLD
<u>CODE</u>	<u>CODE</u>
Cong. Ministries (100) \$ _____	World Ministries (900) \$ _____
Building (101) \$ _____	Oblation (970) \$ _____
_____ () \$ _____	World Hunger (971) \$ _____
_____ () \$ _____	Temple Endow..... (990) \$ _____
_____ () \$ _____	_____ () \$ _____
_____ () \$ _____	_____ () \$ _____
_____ () \$ _____	_____ () \$ _____
_____ () \$ _____	_____ () \$ _____

(Please attach a voided blank check)

Please withdraw a **TOTAL** of \$ _____ on the **15th** of each month.

\$ _____

Mark here to authorize withdrawal only until _____ Date

(Unless specified, this authorization will remain in effect until a "cancel" request is received or membership is transferred.)

Mission Center	Congregation

I authorize Community of Christ to process debit entries to my account. I have attached a voided check. This authority will remain in effect until I give reasonable notification to terminate this authorization.*

Contributor Signature (1) _____ Date _____

Contributor Signature (2) _____ Date _____

Instructions:

• **Contributor** will retain bottom copy and send top copy to:

Community of Christ – Canada
390 Speedvale Ave. E.
Guelph, ON, N1E 1N5

Fiscal Services (HQ) will send a written confirmation to the CSC, Mission Center and contributor.

For HQ use:

Month to Begin

Received by _____ Date _____

Entered in MIS by _____ Date _____

Confirmation sent by _____ Date _____