

Pre-Authorized Monthly Cheque Account Transfer

For use in Canada

*REQUIRED FIELDS

*CHECK ONE:

NEW Contribution Set-up complete form—print and mail with a voided blank cheque

CHANGE Contribution Amount include name, changed information, authorization

CANCEL Monthly Transfer include name, account information, authorization

***CONTRIBUTOR INFORMATION**

*Name (1)	*Daytime Phone
Name (2)	*E-mail Address
*Street	*Congregation
*City	Mission Centre
*Province *Postal Code	

MISSION TITHES

Sharing equally with Local & Mission Centre Ministries and Worldwide Ministries helps move Christ's mission forward.

Local Ministries		Canadian Ministries		
Congregational Ministries \$	Lange Contraction of the second secon	Canadian Miss	sion Endowment	\$
Building Fund \$		Worldwide Ministries		
Mission Centre Mini	istries	Worldwide Mi		\$
Mission Centre \$		Bridge of Hop	e	\$
Campground \$				
\$			TOTAL	\$
TOTAL \$				
*Please with	draw a TOTAL of \$		on the 15 th of each me	onth.

***AUTHORIZATION**

I authorize Community of Christ to withdraw from my account on the 15th of each month. I have attached a voided cheque. This authority will remain in effect until I give reasonable notification to terminate or congregational membership is transferred.

I authorize Community of Christ to CANCEL debit entries to my account.

Contributor Signature (1)

Date

Contributor Signature (2)

Date

Mail signed form with voided cheque to: Community of Christ Canadian Headquarters 129-355 Elmira Rd N, Guelph, ON N1K 1S5