



Pre-Authorized Debit Form

Pre-authorized debiting makes giving more convenient for the donor and stabilizes cashflow for the church. You may make pre-authorized monthly payments to La Salle Community Fellowship by debiting your chequing or savings account. **Please return completed form to LSCF treasurer.**

I wish to make a monthly donation of \$ _____
(Amount in numbers)
\$ _____ /100

(Amount of your donation written in words)
to be deducted from my bank account starting:

First Due Date ____ / ____ / ____

I/We request that withdrawals be made (circle one):

Weekly Bi-Weekly

Semi-Monthly 15th & last

Monthly ____ day of month

I, _____, authorize Caisse Financial Group on behalf of **La Salle Community Fellowship** to debit:
(Your name here)

my **Chequing Account** (please attach a voided blank cheque for account information purposes)

my **Savings Account** (please have your bank complete the information below and stamp the form.)

Transit #		Institution #		Account #	
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At the _____ Phone: (____) _____
(Financial Institution Name) (Financial Institution Phone)

Address: _____
(Financial Institution Address)

NOTE: If you wish to make a change in your payment or banking arrangements please advise LSCF Treasurer as soon as possible. *Please be advised that it may take one month notice to stop or change payment details.* Charitable receipts for monthly donors will be mailed annually by February 28.

Your Printed Name: _____ Phone: (____) _____

Your Signature: _____ Date: _____ Email: _____

Your Address: _____ Postal Code: _____

Mark your cheque "VOID" and attach here

For office use only: This donation was entered into our records on _____ by _____
(Date) (LSCF Staff Person)