



# Pre-authorized Debit Form

La Salle Community Fellowship

Pre-authorized debiting makes giving more convenient for the donor and stabilizes cashflow for the church. You may make pre-authorized monthly payments to LaSalle Community Fellowship by debiting your chequing or savings account. This one form may cover both your regular donation for church ongoing operating expenses and an extra amount for paying down the mortgage. Please indicate on the bottom of this form how you wish this amount to be divided. **Please return completed form to LSCF treasurer.**

I wish to make a monthly donation of \$ \_\_\_\_\_ /100, \$ \_\_\_\_\_  
(Amount of your donation written in words) (Amount in numbers)  
to be deducted from my bank account on the \_\_\_\_\_ day of each month.  
(Date of withdrawal, 1<sup>st</sup>, 15<sup>th</sup>, etc.)

I, \_\_\_\_\_, authorize Caisse Financial Group on behalf of **LaSalle 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

Canadian Registered Charity **88025-5229 RR 0001**

We, \_\_\_\_\_, wish to designate our donation totalling \$ \_\_\_\_\_.  
(Your name(s) here.)  
to be divided as follows:

Toward the Annual Operating Expenses \$ \_\_\_\_\_.00  
Extra Toward Paying Down the Mortgage \$ \_\_\_\_\_.00

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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