



Pre-Authorized Debit Enrollment Form

Your signature on this form indicates your desire to have the stated amount withdrawn from your bank account every month beginning on the 5th of the month indicated. These funds will be deposited into the General Fund of Leduc Fellowship Church.

Name _____

Address _____

City Province Postal Code

Amount _____

Beginning the 5th of _____, 20____

(Please allow two weeks for set up)

Plan Change Request:

Please update my amount from _____

to _____,

beginning in the month of _____, 20____

Signature: _____

Date: _____

Terms of Agreement

My authorization to charge my account in the amount indicated above at my bank shall be the same as if I had personally signed a cheque to Leduc Fellowship Church. This authorization shall remain in effect until I notify Leduc Fellowship Church in writing that I wish to end this Agreement, which I may do at any time.

PLEASE ATTACH A VOID CHEQUE for Bank Information