



PRE-AUTHORIZED DEBIT PLAN APPROVAL

I authorize **Celebration Church Inc.** to withdraw regular payments from my
Bank Account in the amount of _____ toward the General Fund.

I would like to contribute (please check one):

___ Monthly (once a month on the 15th or last day of the month) (As underlined)

___ Semi-Monthly (twice per month on the 15th and 30th/31st)

I would like to begin payments on _____
(Month/Day/Year)

I have attached a Void Cheque or Financial Institution Authorization: _____

Signature: _____

Date: _____

To Be Completed by Office:

Name: _____

Financial Institution: _____

Address: _____

Route Number: _____

City: _____

Transit Number: _____

Postal Code: _____

Account Number: _____