

Payroll Office Use	Church Code	_____
	Church Code	_____
	Date	_____

CHANGES TO EXISTING PRE-AUTHORIZED GIVING

** TO BE COMPLETED BY CHURCH REPRESENTATIVE **

Church and City: _____

Name(s) of Donor(s): _____

Via Bank Acct				
Date of Withdrawal:	10th	_____	25th	_____
New Amount:	_____		Effective Month:	_____
Cancel Donation: <input type="checkbox"/> or Yes	_____		Effective Month:	_____
NEW Bank Acct Info*	_____	_____	_____	
<small>(or send VOID cheque or bank form)</small>	Transit (5 #)	Bank (3#)	Acct #	
*Do not complete if account number has not changed				Effective Month: _____

Via Credit Card	*Withdrawal is always the 15th of the month		
New Amount:	_____		Effective Month: _____
Cancel Donation: <input type="checkbox"/> or Yes	_____		Effective Month: _____
NEW CC Number*	_____		
*Do not complete if credit card number has not changed			
Exp Date:	_____		Effective Month: _____

Notes: _____

CHANGES ARE DUE 4 BUSINESS DAYS BEFORE THE WITHDRAWAL DATE