

Canadian Chinese Alliance Church Association加拿大華人宣道會聯會

Pre-authorized Offering Authorization

Account Holder Information				
	<u>r iniormation</u>			
Name:	Lost Nome		First Name	
	Last Name		First Name	
Address:			Phone No.: ()
			Email:	
	City, Province	Postal Code		
Bank Information	<u>tion</u>			
Bank Name:				
Bank Address:			-	
		_	City, Province	Postal Code
Account:				
Tran	sit Number (5 Digits)	Institution Number (3 Digit	Account Nu	mber (11 Digits)
Donation				
What project or ministry would you support?				
Amount: \$ Frequency: Daily Weekly Monthly Quarterly				
Effective Start Date: End Date: New Setup Change (if applicable) (MM/DD/YYYY) Renew				
	(,22,,	(appcass)		
1. Purpose of Debits: The Debit of the monthly donation to				
Canadian Chinese Alliance Churches Association			PAY TO THE CHOCK OF	\$
(CCACA). Z. Terms of Authorization of Debit of the about account: The				
donor authorized CCACA (Account Number: 8067-				
5217617) to debit the above account in the above				
amount each month for donation to CCACA				
3. It is acknowledged that in order to revoke this				
authorization, the donor must provide written notice to CCACA.at least 30 days in advance. 4. The donor will notify CCACA promptly in writing if there is any change in the above account				
information.				
5. A service charge of \$5.00 will be applied to item return for insufficient funds (NSF).				
6. The donor has to attach a blank cheque marked "VOID" to this Authorization for verification purposes.				
7. Any delivery of this Authorization to CCACA constitutes delivery by the donor to the Bank. The donor				
warrants that all persons whose signatures are required to sign on the above account have signed this Authorization.				
Authonzation.				
Signature(s)/Authori	ized Signatures(s) of Accor	unt Holder(s)	Date: (DD/MM/YYYY	<u> </u>