



**PRE-AUTHORIZED GIVING
AUTHORIZATION FORM**

I hereby authorize the Bethel Church Stratford to debit my account:

_____ **Weekly** (on Wednesday)

or

_____ **Monthly** (on the 1st of each month)

Donation for the amount of:

\$ _____ General Fund

\$ _____ Building Fund

\$ _____ Missions

\$ _____ Other (please indicate _____)

\$ _____ TOTAL

Name(s) of Contributor(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: _____

Email : _____

Name of Bank/Trust Company/Credit Union: _____

Branch: _____ Institution: _____

Account Number: _____

Please attach a VOID CHEQUE (or the equivalent form from your bank branch)

Date: _____

Signature of Contributor(s):

Email this completed form along with a scan or photo of a void cheque to finances@bethelstratford.org
or mail the form and a void cheque to: Bethel Finance Office, 2988 Ontario St., Stratford, ON N5A 6S5