



PRE-AUTHORIZED DEPOSIT AGREEMENT

DATE: _____

I want to invest in God's work through the ministry of Central Heights Church by regular monthly giving.

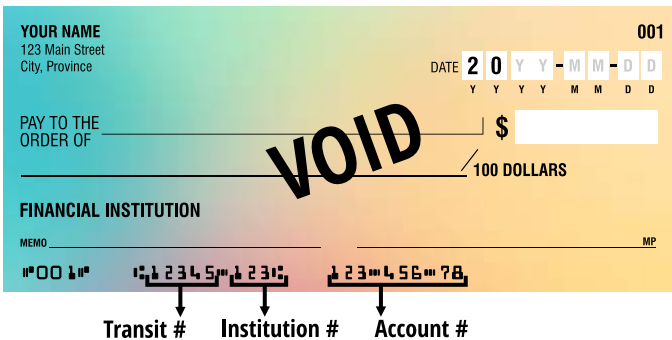
MONTHLY AMOUNT: \$ _____ **START DATE:** _____

I would prefer the debit be processed on the:

1st \$ _____ (amount) 16th \$ _____ (amount)

Please debit my bank account:

Transit # _____ Institution # _____ Account # _____



Please attach VOID cheque or a financial institution pre-authorized debit form.

Signature: _____

[This instruction is in effect until otherwise notified in writing.]

Donor Name: _____
First Name Middle Initial Last Name

Address: _____ Postal Code: _____

Phone: _____ *Email: _____

** This gives CHC permission to contact you via email. We will not share your email address.*



central heights
CHURCH

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