

Giving at Heritage

Pre-Authorized Giving **Instructions**

Any person with a bank account at a Canadian Financial Institution can set up a Pre-Authorized re-occurring donation to Heritage Alliance Church.

Heritage Alliance Church can now facilitate pre-authorized giving to assist persons to set up regularly occurring giving amounts which can be cancelled or changed at any time. At Heritage, regular giving amounts can be specified to occur on the 5th and/or 20th day of each month.

See inside of brochure for more information.

Pre-Authorized Giving

How do I get started?

1. Complete and sign this authorization form.
2. Enclose this form in an envelope and place it in the offering collection plate during offering or drop it off at the Church Office.
3. We will contact you by email or phone (which ever you select) to confirm your pre-authorized giving arrangement and will advise you when the first giving deduction will occur.

Can I change or cancel my pre-authorized amount?

YES! Email your change request to giving@heritagealliance.ca or contact the Church Bookkeeper at the Church Office before the 25th day of the month before which the deduction is to take place. We will then confirm with you your change of giving plans and put the change into place.

If you have any difficulties setting up your Pre-Authorized Giving or have any questions concerning giving at Heritage, please email: giving@heritagealliance.ca or contact the Church Office at 604-607-5031.

This document is also available on-line at:
www.heritagealliance.ca/giving

Pre-Authorized Bank Account Withdrawal Authorization Form

I hereby authorize Heritage Alliance Church to debit my Bank Account on the:

5th day and/or 20th day

of each month.

Designation of funds for each giving deduction:

General Ministries: \$ _____
Missions Fund: _____
Building Fund: _____
Care Ministry: _____
Total Giving Amount: \$ _____.

Desired Start Date: _____

Note: Authorization forms must reach the Heritage Alliance Church Office before the 25th of the month in order to start withdrawals the following month.

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____

POSTAL CODE: _____

Phone Number: _____

Email Address: _____

Heritage Donation Account Number : _____

Your Heritage Donation Account Number is the same number present on distributed pre-printed donation envelopes.

Desired form of initial confirmation: By Email: By Phone:

Information regarding the Bank Account you wish to have funds withdrawn from:

If possible, please attach a void cheque from the bank account you wish to have funds withdrawn from. If not able to provide void cheque, please provide the following banking information:

Name of Financial Institution:

Financial Institution ID Number (usually 3 digits):

Bank Transit Number (Usually 5 digits):

Bank Account Number: _____

Named Person(s) on Bank Account:

Signature of named person(s) on Bank Account:

Date: _____

The Signator has certain recourse rights if any debit does not comply with this agreement. For example, the Signator has the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on recourse rights, the Signator may visit cdnpay.ca