



51 Farnham Gate Road  
Halifax, NS B3M 3T6  
www.halifaxchristianchurch.ca

## 1. DONOR INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## 2. BANKING INFORMATION

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

BRANCH ADDRESS: \_\_\_\_\_

FINANCIAL INSTITUTION NO: \_\_\_\_\_ BRANCH TRANSIT NO: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

## 3. PRE-AUTHORIZED DEBIT DETAIL

I, the Payor, authorize Halifax Christian Church to debit the bank account identified above for the specified amount and on the date specified below (check or fill in blank) of every month or the following business day.

\_\_\_\_ Weekly payment on every \_\_\_\_\_ (Monday – Sunday) starting on \_\_\_\_\_  
(Day) (Date)

\_\_\_\_ Bi-Weekly payment on every \_\_\_\_\_ (Monday – Sunday) starting on \_\_\_\_\_  
(Day) (Date)

\_\_\_\_ Monthly payment on the \_\_\_\_\_ of every month starting on \_\_\_\_\_  
(Date) (Date)

**I want to support Halifax Christian Church “General Fund” in the amount of \$ \_\_\_\_\_  
as per the frequency and as of the date specified above.**

and/or

**I want to support Halifax Christian Church building campaign “Making Room for More” in the  
amount of \$ \_\_\_\_\_ as per the frequency and as of the date specified above.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_