

**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 25<sup>th</sup> 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.**

**Pre-Authorized Bank Account  
Withdrawal Authorization Form**

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

5<sup>th</sup> day  and/or 20<sup>th</sup> 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 25<sup>th</sup> 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you wish to have funds withdrawn from:**

If possible, please attach a void cheque from the bank account you wish to have funds withdrawn from.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