Electronic Funds Transfer Authorization for Tithes & Offering

account as detailed below	on a weekly/se	ch to withdraw the sum of \$emi-monthly/monthly basis commend shall constitute full and complete au	ing
Agincourt Baptist Church the account. This authorize received written authoriza	to make such w ation is to rema tion from me/us	rithdrawals. I/We have attached a vo lin in force until the Agincourt Baptist of its termination or change. Chang address treasurer@agincourtbc.net	ided cheque for Church has e request can also
		right to correct any Electronic Funds g my/our account to the extent of suc	
is not required to confirm	or verify the sigi	ity on the account below and Agincon ning authority. Agincourt Baptist Chu or fees in the Donor's account resulting	rch will not be
Donor Information			
Donation Frequency:		(Weekly, Semi- Monthly, Monthl	y)
Donation Effective Date: _		Donation Amount:	
Donor Name:			
Donor Address:			
Telephone: ()		emall:	
Account Information			
Bank Name:			
Bank Address:			
City:	Province:	Postal Code:	
Transit/Branch #:		Institution Number:	
Bank Account Number:		Telephone: (1
Signature:		Date:	
Signature:		Date:	