

PRINCE OF PEACE LUTHERAN CHURCH



935 McCarthy Boulevard North
Regina, Sk S4X 3L2
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Email: poplc@sasktel.net



AUTHORIZATION FOR MONTHLY DEBIT

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____ E-Mail: _____

Church Envelope Number: _____ Day of Withdrawal: _____

My contribution should be distributed as follows:

Regular Offering \$ _____ Missions \$ _____ Other _____ \$ _____
(specify)

Total Monthly Contribution \$ _____

Bank Name: _____

Bank Branch Address: _____

Account Number: _____ Transit Number: _____

Institution Number: _____

Void cheque attached.

I understand that this authorization may be cancelled or changed at any time upon written notice.

Signature: _____ Date: _____

This program is administered by EFT Canada

Check this box if signing electronically: