

# Pre-Approved Giving Donation Form



To: Northview Community Church

NEW    CHANGE

Donor(s)

First \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Start date for automatic donations:

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Abbotsford Campus      Mission Campus

General Fund    \$ \_\_\_\_\_    \$ \_\_\_\_\_

Care Fund        \$ \_\_\_\_\_    \$ \_\_\_\_\_

## Disbursement Schedule

(Check one or more):

- Weekly on Fridays
- 1<sup>st</sup> of the month
- 15<sup>th</sup> of the month

**Name of Financial Institution:**

**Account Number:**

\_\_\_\_\_

\_\_\_\_\_

I/We (the below named Donor(s)) authorize Northview Community Church to debit my/our account indicated below for the designated amounts on each disbursement schedule.

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay Northview Community Church as indicated and to debit the amount specified to my/our account.

I/We will notify Northview Community Church promptly in writing if I/we move the account from one Bank or branch to another, or if there is any other change in the account. I/We understand that the Bank is not responsible to verify whether these payments are properly debited to my/our account. This authorization may be cancelled at any time upon written notice by me/us to Northview Community Church. Any delivery of this authorization to Northview constitutes delivery by me/us to the Bank. I/We am/are all the persons who are required to sign on the below account.

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Donor Signature

## Please include a cheque marked "VOID"

Contact Chrissy Fehr at 604.853.2931 or [giving@northview.org](mailto:giving@northview.org)  
Donations are overseen by Steve Wiens, Executive Pastor