

GRACE

CHURCH ON-THE-HILL

PRE-AUTHORIZED GIVING

Name	Address	City, Postal code	email

For direct debit

Bank	Transit	Account#	Monthly amount

Attach void cheque or notice from bank please.

For credit card

Name on card	Card Number	Expiry	CCV

My/Our pledge to Grace Church on-the-Hill will be: Weekly \$____ Monthly \$____ One Time \$____

I/We pledge a total of \$_____ toward the ministries, programs, and operations of Grace Church on-the-Hill.

Signature: _____

Tax receipts are issued for all gifts.

For assistance or information, please contact: Christopher Leonard, cleonard@gracechurchonthehill.ca
416-488-7884 x 121

THANK YOU FOR BEING A GOOD STEWARD OF GRACE

**Pre-Authorised Giving Rights: I may revoke my authorization at any time, subject to providing notice of 30 days in writing. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any agreement. I will notify Grace Church on-the Hill in writing if I close or make any changes to my account.*