



## Sign Up For Pre-Authorized Giving

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change To Existing
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(Fill this out if you don't have a cheque)

<p>Account Holder(s): _____</p> <p>Address: _____ _____</p> <p>Phone Number: _____</p> <p>Account Information: Route: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>    Transit: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>    Account: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Financial Institution: _____</p> <p>Address: _____ _____</p>	Attach Voided Cheque Here
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<p>Frequency:</p> <p><input type="checkbox"/> Weekly [Sundays]</p> <p><input type="checkbox"/> Semi-Monthly [15th &amp; last day of the month]</p> <p><input type="checkbox"/> Monthly [last day of the month]</p> <p><input type="checkbox"/> Monthly [ ____ day of the month]</p>	<p style="text-align: center;">Start Date: ____ / ____ / ____                             yyyy    mm    dd</p> <hr/> <p style="text-align: center;">Amount: _____</p>
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By signing this form I/we agree to have The Meeting Place withdraw the amount indicated from the institution listed, recurring on the dates specified. I understand this authorization can be cancelled or changed at any time by providing one week written notice to The Meeting Place.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_