

1717 Bow Valley Trail, Canmore, Alberta, T1W 1L7

(403)678-5063

office@trinitycanmore.com

www.trinitycanmore.com

**Trinity Bible Church**

**Seeking God’s Direction Intake Form**

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

I want to support the Trinity Bible Church SGD Building Fund Campaign with my Pledge of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be paid by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please debit my bank account: (*attach VOID cheque*)

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify amount)

\_\_\_\_\_\_\_\_\_\_\_ One Time on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or

\_\_\_\_\_\_\_\_\_\_\_ Monthly on the 5th \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The debit will be processed to your account on the 5th day of each month or the next business day. Note: Your first payment will be processed on the 5th of the month following the date of this Agreement.*

1. Cheque enclosed for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Cash payment of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Online payment of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if online payment is a:

\_\_\_\_\_ One- Time payment

\_\_\_\_\_ Monthly Withdrawal

Donor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*including middle initial*)

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Complete Name and Address required for Tax Reporting.

*I may revoke my authorization at any time, subject to providing notice of 30 days. 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*](http://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 reimbursements for any debit that is not authorized, or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit* [*www.cdnpay.ca*](http://www.cdnpay.ca)