Pre-Authorized Debit Agreement

OASIS CHURCH

Oasis Church

940 Elmhurst Road, Winnipeg, MB R3R 3X7
Phone 204-832-4119

Donor Information:

Name of Donor: _____

Address: _____

Phone No(s).: _____

Email Address: _____

Account Information: (or Attach Void Cheque)

Name of Financial Institution: _____

Address of Financial Institution: _____

Route: ☐☐☐☐ Transit: ☐☐☐☐☐ Account: ☐☐☐☐☐☐☐☐☐☐☐☐

Amount of Payment: $_____ . ____

Frequency of Payment:

☐ Weekly ☐ Bi-Weekly

☐ Monthly, ____day of month ☐ Semi-Monthly (15th & Last) ☐ Annual

☐ Monthly (Last Day) ☐ Scheduled ____, ____, ____, ____ (1 to 4 days/month)

Date payments to begin: _____/_____/_____
Year Mth Day

Other Notes / Instructions:

_____

_____

I/We hereby authorize Oasis Church to debit/my/our account in accordance with the above information.

Signature of Donor: _____