



LIFT CHURCH

Automatic Giving Form

1. BANKING INFORMATION

Obtain a "VOID" cheque or Pre-Authorized Debit/Direct Deposit Form from your bank.

2. GIVING INFORMATION

Amount: \$ _____

Date Effective: _____

LIFT Region: _____

OR

Other: _____

Please indicate frequency of giving:

Weekly

Bi-Weekly

Monthly

If **weekly or bi-weekly**, please specify the day of the week:

Monday

Tuesday

Wednesday

Thursday

Friday

If **monthly**, please specify when:

1st

15th

30th

OR

Other: _____

3. AUTHORIZATION

This donation is made on behalf of

An Individual

OR

A Business

Signature(s) of account holder(s):

If this is a joint account, all authorized signatures are required.

Signature 1

Date Signed

Signature 2

4. CONTACT INFORMATION

Name: _____

Address: _____

City & Province: _____

Postal Code: _____

Email: _____

Telephone: _____

Notes: _____



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5. Submission & Disclaimer

Please email the completed form along with banking information to income@liftchurch.ca with the subject line: LIFT Automatic Giving Form.

DISCLAIMER & CANCELATION POLICY

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 rights to cancel a PAD Agreement, I may contact my financial institution or visit www.payments.ca.

LIFT Church
P.O. Box 89120
991 King Street West,
Hamilton, ON L8S 4R5
(905) 531-5438
income@liftchurch.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 debit transaction 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.payments.ca.