

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED GIVING  
TO NEW HOPE CHURCH, CALGARY ALBERTA

I hereby request and authorize New Hope Christian Reformed Church to withdraw from my account the amount of

\$ \_\_\_\_\_ per month on the 20<sup>th</sup> day of the month starting \_\_\_\_\_ (mm/yyyy)

**Financial Institution Name** \_\_\_\_\_ **Branch** \_\_\_\_\_

(Usually a bank)

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Account Number \_\_\_\_\_ Type of Account \_\_\_\_\_

To ensure accuracy, please attach a cheque marked VOID – see below.

(On a joint account, both parties must print and sign their name below):

Name: \_\_\_\_\_

(Please print)

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

Name: \_\_\_\_\_

(Please print)

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

Please attach a "VOID" cheque here.

