Stony Plain Alliance Church
Pre-Authorized Giving/Payment Form

SECTION 1: AUTHORIZATION INFORMATION

I/We authorize the bank of financial institution named in Section 4 to debit my/our Canadian dollar account each month and provide payments to Stony Plain Alliance Church (SPAC). The monthly debit to my account is scheduled for the 1st and/or 15th of the month as indicated in Section 5.

SECTION 2: OPTION TO CANCEL OR CHANGE THIS AUTHORIZATION AT ANY TIME

I/We may cancel this authorization at any time, by providing written notice to SPAC. I/We will provide 30 days notice to SPAC of the details of any changes in the pre-authorized bank account listed in Section 4.

SECTION 3: AUTHORIZATION FOR SPAC'S BANK (ROYAL BANK OF CANADA)

Receipt of this authorization by SPAC constitutes delivery by me/us to the Royal Bank of Canada. I/We affirm that all persons whose signatures are required to authorize withdrawls from the account below have signed this authorization. I/We agree that the information contained in this authorization will be disclosed to the Royal Bank of Canada as required to complete any pre-authorized debit transaction.

SECTION 4: APPLICANT INFORMATION

Name: _____
First Last

Mailing Address: _____
Address Town/City Postal Code

Contact Phone#: _____

Bank or Financial Institution: _____

SECTION 5: PRE-AUTHORIZED PAYMENT

1st of the month amount: _____

Designated as follows:

_____ general fund
_____ flourish (new building)
_____ global advance
_____ other (please detail)

_____
Authorized Signature

_____
Date

15th of the month amount: _____

Designated as follows:

_____ general fund
_____ flourish (new building)
_____ global advance
_____ other (please detail)

_____
Second Signature (if required)

_____
Date

Please attach a void cheque to this form.
Forms can be mailed to the SPAC office: P.O. Box 3158, Stony Plain, AB. T7Z 1V3.
Please mark: "Attention: Finance - Confidential" on the envelope.