

Pre-authorized Offering Program

CHANGES TO EXISTING CONTRIBUTOR INFORMATION

Church Name: _____

Church Address: _____

City: _____ Province: _____ Postal Code: _____

Church Reference Number: _____ Contact Name: _____

Changes effective as of (MM/DD/YY): _____ Contact Signature: _____

Change to Existing Bank Information					
ENV #	POP #	NAME	New Bank Information (*Attach a void cheque)		
			TRANSIT #	BANK #	ACCOUNT #

Increase to Monthly Contribution (*If amount is increasing, signature required)						
ENV #	POP #	NAME	FUND	FUND	FUND	NEW TOTAL \$

Contributor Signature: _____

Change Envelope Number			
POP #	NAME	OLD ENV #	NEW ENV #

Please email completed form to fraternal.development@faithlifefinancial.ca or fax to **519.886.0350** Attn. Fraternal Department

Note: Void Cheque must accompany changes to bank information.

The use, retention and disclosure of personal information collected in this form is done in compliance with privacy legislation including, but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c5).

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Cancel Monthly Contributions			
ENV #	POP #	NAME	TOTAL \$

Reduce Monthly Contributions						
ENV #	POP #	NAME	Reduce to:			
			FUND	FUND	FUND	NEW TOTAL \$

Change Monthly Distribution – Same Total						
ENV #	POP #	NAME	New Breakdown:			
			FUND	FUND	FUND	NEW TOTAL \$

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