

Fill out the form and provide a VOID cheque to Five Stones Church in-person or by email.

I/We authorize Five Stones Church to direct deposit my/our bank account. Please debit my bank account: (attach VOID cheque)

Total Amount:			
On the:	(check one of the following option	s)	
	1st day of each month		
	15th day of each month		
To the designated funds: (select all that apply; specify amount and funds)			
	□ Five Stones Church - General (Tithes or Offerings)	Amount:
	□ Five Stones Church - Compass	sion Fund	Amount:
	Keziah & Steve Choi Support		Amount:
	Larry & Jean Johnson Support		Amount:
	Kevin & Julia Garratt Support		Amount:
	Rich & Memie Kao Support		Amount:
	Waison & Tricia Chen Support		Amount:
Exact names in whic	h account if held:		
Address:			City:
Province:		Postal Code:	
Telephone:		Email:	
Signature:			Date:
This donation is mad	le on behalf of: □ an Individual ·	- OR - 🗆 a Business	

I/We may revoke my authorization at any time, subject to providing notice of (Payee to insert period not to exceed 30 days). To obtain a sample cancellation form or for more information on my right to cancel a Pre-authorized Debit (PDA) Agreement, I/we may contact my financial instituition or visit www.cdnpay.ca.

Five Stones Church Mailing Address: PO Box 47228 RPO Royal City New Westminster, BC, V3L 0A5

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive