

Pre-Authorized Debit Agreement



Oasis Community Church

221 Cathcart Street, Winnipeg, MB R3R 0S1
Phone 204-832-4119, Fax 204-837-1533

Donor Information:

Name of Donor: _____

Address: _____

Phone No(s): _____

Email Address: _____

Account Information: (or Attach Void Cheque)

Name of Financial Institution: _____

Address of Financial Institution: _____

Route:

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 Transit:

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 Account:

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Amount of Payment: \$ _____ . _____

Frequency of Payment:

- Weekly Bi-Weekly
 Monthly, ____ day of month Semi-Monthly (15th & Last) Annual
 Monthly (Last Day) Scheduled ____, ____, ____, ____ (1 to 4 days/month)

Date payments to begin: ____/____/____
Year Mth Day

Other Notes / Instructions:

I/We hereby authorize Oasis Community Church to debit my/our account in accordance with the above information.

Signature of Donor: _____