

PRE-APPROVED GIVING DONATION FORM

TO: NORTHVIEW COMMUNITY CHURCH

New Sign-Up

Change My Information

DONOR INFORMATION

Donor 1 First Name	Middle Name	Last Name
Donor 2 First Name	Middle Name	Last Name
Street Address		
City	Province	Postal Code
Email Address	Phone Number	

DONOR INFORMATION

CAMPUS

Downes Road Campus
East Abbotsford Campus
Mission Campus
Central Campus

PER WITHDRAWAL

\$_____ General Fund
\$_____ Care
\$_____ Downes Road Building Fund

WITHDRAWAL SCHEDULE

Weekly on Fridays
Bi-Weekly on Fridays
1st of the Month
15th of the Month

Start Date for Donations:

_____	_____	_____
Month	Day	Year

I/We (the below named Donor(s)) authorize Northview Community Church to debit my/our account indicated for the designated amounts on each withdrawal schedule.

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay Northview Community Church as indicated and to debit the amount specified to my/our account.

I/We will notify Northview Community Church promptly in writing if I/we move the account from one Bank or branch to another, or if there is any other change in the account. I/We understand that the Bank is not responsible to verify whether these payments are properly debited to my/our account. This authorization may be canceled at any time upon written notice by me/us to Northview Community Church five business days prior to withdrawal. Any delivery of this authorization to Northview constitutes delivery by me/us to the Bank. I/We am/are all the persons who are required to sign on the below account.

Donor 1 Signature	Month	Day	Year
Donor 2 Signature	Month	Day	Year

PLEASE INCLUDE A VOID CHEQUE

Email to: Chrissy Fehr at giving@northview.org
Donations are overseen by the Executive Pastor of Administration
Northview Community Church | 32040 Downes Road | Abbotsford BC | V4X 1X5
604.853.2931 | www.northview.org