



# Pre-Authorized Debit Agreement

Hope Church Mississauga  
7755 Tenth Line W  
Mississauga, ON  
L5N 0C4  
905-785-7877

## HOW IT WORKS

The "Pre-Authorized Debit Agreement" means that you personally authorize Hope Church Mississauga to regularly withdraw your offering from your financial institution account. All you need to do is select the amount you want to give and the most convenient recurring schedule, either weekly on Fridays or one or more of the 3 monthly options. Hope Church looks after everything else. We arrange for the withdrawal from your account and the bank confirms the transactions on your monthly statement.

You may revoke your authorization or request changes to the amount or frequency of donations at any time via email to [giving@hopemississauga.ca](mailto:giving@hopemississauga.ca). Additional Information about pre-authorized debit agreements and your rights to cancel or change can be found on your banks websites or [here](#).

To begin, complete the form below.

## Pre-Authorized Payment Plan Authorization Form

**Name:** \_\_\_\_\_

I hereby authorize Hope Church Mississauga to withdraw my donation as outlined below.

When would you like us to withdraw your donation? Select all that apply

- Weekly on Fridays
- The 1st of the month
- The 15th of the month
- The 30th of the month

Which month would you like us to begin withdrawing your regular donation?

\_\_\_\_\_

What amount would you like your regular donation to be? \$ \_\_\_\_\_

This donation is being made on behalf of: *(Please select one)*.

- An individual or family
- A business

**Please provide you Banking Information.**

Institution # \_\_\_\_\_ Branch/Transit \_\_\_\_\_ Account # \_\_\_\_\_

**Please confirm your household information.**

We want to be sure our records reflect your current household information accurately.

If applicable, please enter the full name of your spouse. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal code \_\_\_\_\_

**Thank you! Just one more step...**

To complete this agreement application and initiate the rest of the process, please send this completed form along with a Void Cheque image to [giving@hopemississauga.ca](mailto:giving@hopemississauga.ca).

We're grateful for your generosity and partnership with us in the gospel by making regular donations.

You are loved!