

Payroll Office Use	Church Code	_____
	Church Code	_____
	Date	_____

## CHANGES TO EXISTING PRE-AUTHORIZED GIVING

\*\* TO BE COMPLETED BY CHURCH REPRESENTATIVE \*\*

Church and City: \_\_\_\_\_

Name(s) of Donor(s): \_\_\_\_\_

<b>Via Bank Acct</b>				
Date of Withdrawal:	10th	_____	25th	_____
New Amount:	_____		Effective Month:	_____
Cancel Donation: <input type="checkbox"/> or Yes	_____		Effective Month:	_____
<b>NEW Bank Acct Info*</b>	_____	_____	_____	
<small>(or send VOID cheque or bank form)</small>	<b>Transit (5 #)</b>	<b>Bank (3#)</b>	<b>Acct #</b>	
<b>*Do not complete if account number has not changed</b>				Effective Month: _____

<b>Via Credit Card</b>	<b>*Withdrawal is always the 15th of the month</b>		
New Amount:	_____		Effective Month: _____
Cancel Donation: <input type="checkbox"/> or Yes	_____		Effective Month: _____
<b>NEW CC Number*</b>	_____		
<b>*Do not complete if credit card number has not changed</b>			
Exp Date:	_____		Effective Month: _____

Notes: \_\_\_\_\_  
 \_\_\_\_\_

**CHANGES ARE DUE 4 BUSINESS DAYS BEFORE THE WITHDRAWAL DATE**