



## Initial Form for Church Enrollment Pre-Authorized Debit for CBAC Churches

\_\_\_\_\_  
CHURCH NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_, 20\_\_\_\_\_  
DATE

Debbie Barriault, Accounting Assistant  
Canadian Baptists of Atlantic Canada  
PO Box 6003  
Moncton, NB E1C0V7

Re: Pre-Authorized Giving Program for \_\_\_\_\_  
CHURCH NAME

Attached is a void cheque for our church account. The details are copied here:

\_\_\_\_\_  
Bank #

\_\_\_\_\_  
Transit #

\_\_\_\_\_  
Account #

We would like the donations made by our Pre-Authorized Debit participating church members to be credited to this account, as per the program details agreed upon:

1. Deposit of donations monthly
2. Less the one-time set up fee of \$75.00
3. Less the monthly service fee of \$2.50 per person for the first ten participants and \$2.00 per person thereafter.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title