

"Freely you have received, freely give." – MATTHEW 10:8b

To arrange for the automated withdrawal of your donations from your bank account, complete the form below and attach a blank cheque marked "VOID".

Return the form to one of the CCCS Directors or Church Reps or mail to:

P.O. Box 367  
Carman, MB  
R0G 0J0

### **Pre-authorized Regular Voluntary Contribution**

- Flexible contribution schedule: either monthly or bi-weekly contributions are supported.
- No administration fees to you for this service.
- Once enrolled in the plan, you do not need to re-register each year. Your authorization is rolled forward until you notify us of a change or termination.
- We encourage you to regularly review your voluntary contributions but will assist you in this with an annual reminder.
- To change your regular voluntary contribution, fill out a new form completing steps 1,2, and 4.

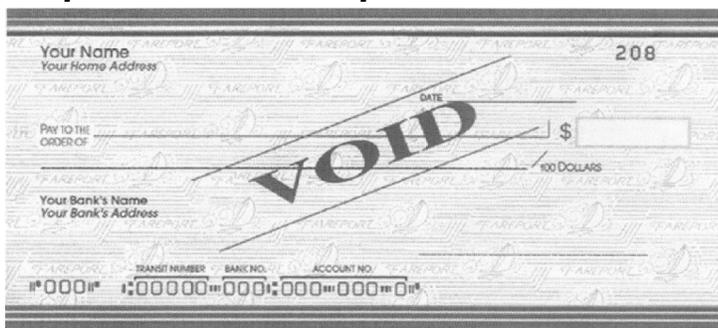
### **Step 1: Choose your contribution schedule**

- Monthly – on the 1<sup>st</sup> of every month
- Monthly – on the 15<sup>th</sup> of every month

### **Step 2: Choose your contribution amount**

Donation amount: \$  / payment

### **Step 3: Attach a cheque marked "VOID"**



Note that your voided cheque contains all the information required for the pre-authorized contribution, including:

- Your name and home address
- Your bank's name and address
- Transit number, bank number and account number

### **Step 4: Read, Sign and Date the Authorization**

I (we) as the account holder(s), authorize the Cornerstone Christian Care Society (hereafter "CCCS") and my financial institution to debit my (our) account, at the branch specified above, under the terms and conditions agreed to by me (us) with the CCCS until such time as written notice to the contrary is given by me (us) to the CCCS. A debit, in electronic or other form, may be drawn from my (our) account on the dates specified above. The amount of the debit will be set according to the information provided above. I (we) will notify the CCCS in writing of any changes in the account information or termination of this authorization prior to the next date of the preauthorized debit.

Account Holders signature(s) \_\_\_\_\_

Date \_\_\_\_\_