



HARVEST
BIBLE CHAPEL

15 South Mary Lake Rd.
Port Sydney, ON
POB 110

**Pre-Authorized
Offering
Form**

Payor Name: _____

Address: _____

Phone: _____

I (we) want to support Harvest Bible Chapel through regular donations. So, please debit my (our) account in the fixed amount of:

\$ _____

Please process this debit (Option #1: 15th of every month
 CIRCLE ONE Option #2: 30th of every month
 Option #3: 15th and 30th of every month
 Option #4: every Friday
 Option #5: every other Friday

Please begin processing these transactions beginning:

I (we) may revoke my (our) authorization at any time, subject to providing notice of 30 days. To obtain a cancellation form, or for more information on my right to cancel this agreement, I may contact Harvest Bible Chapel by email at: kvanderboor@harvestbarrie.ca or by calling: 705-739-8613.

Date: _____

Signature: _____