



Pre-Authorized Payment (PAP) Form

54 West Aarsby Road
Cochrane, AB T4C 0N2

Today's Date: _____
Is this: Original _____ or a Revision _____

Name and Address of Donor:

Telephone: _____

Email: _____

Donate to: General Fund

Donate to: Other Fund (please specify _____ (eg. Benevolence Fund))

Payment Information:

Frequency: (Please check one or more)

First day of the month

15th of the month

Last day of the month

Weekly on Mondays

Method of Payment: (Please check one)

Bank Account PAP

Credit Card: MC

VISA

Amount of Donation per Transaction: \$ _____

Start Date: _____

Account Information:

Bank Account PAP: **Please attach a VOID cheque**

Credit Card Information: Account # _____

Expiry Date _____ / _____ 3 Digit CVC (on back) _____

IF THIS INFORMATION CHANGES, PLEASE ADVISE THE CHURCH OFFICE.

Please be advised that this authorization will remain in place until the church is instructed to change or cancel it. THANK YOU FOR BEING A MINISTRY PARTNER WITH BOW VALLEY BAPTIST CHURCH.

Donor Authorization:

Date: _____