



Pre-Authorized Giving

I (we) authorize Marysville Baptist Church and the Progressive Credit Union to debit (our) account for the amount shown below. This authority will remain in effect until I (we) authorize cancellation or change the amount of the donation. I (we) further understand that all changes of status to this agreement may take up to 10 business days to be processed.

I (we) authorize Marysville Baptist Church and Progressive Credit Union to debit our account (please check one):

_____ Weekly

_____ Bi-weekly

_____ Twice per Month: Please indicate dates: _____ & _____

_____ Monthly

Please indicate start date: _____

Donors Name (s): _____

Donation Amount: \$ _____

Your Mailing Address & Phone Number:

Breakdown of Donation Amount: Current Expenses \$ _____ Missions \$ _____

Name & Address of Financial Institution:

Today's Date: _____

Authorized Signature: _____

Authorized Signature (if joint account): _____

Effect Date of Cancelling Authorization: _____

Please attach a VOID cheque or a specification form stamped by your Financial Institution. Thank You for your support! Please return to Kathy Wyrwas.