# LifeHouse Church
# Pre-Authorized Withdrawal Form

## Personal Information

| | |
|---|---|
| **Name:** | |
| **Address:** | |
| **City:** | |
| **Province:** | |
| **Postal Code:** | |
| **E-mail:** | |
| **Phone #:** | |

## Banking Information

| **Transit/Branch** | | | | | **Institution** | | | **Account #** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | |

## Authorization

I authorize LifeHouse Church to automatically withdraw the amount of $_____ from my account on the frequency indicated below:

- € **Weekly** M T W T F
- € **Bi Weekly** M T W T F
- € **Twice a Month** 1st Day: _____ 2nd Day: _____
- € **Monthly** 1st or Day: _____

**You <u>MUST</u> include a VOID cheque, or Bank Statement, or other Official Bank Account Documentation**

| | |
|---|---|
| **Date:** | |
| **Name:** | |
| **Signature:** | |

Please return this form with void cheque or banking documents to LifeHouse Church by Fax, or Mail, or put in Offering Box on Sundays

**LifeHouse Church**
**126-6555 Falconer Dr**
**Mississauga, ON L5N 3N6**

**Fax: 289-290-3364**