



264 Princess St
Strathroy ON N7G 2S7
Phone 519.245.2320
Email finance@bethelstrathroy.com
www.bethelstrathroy.com

Automated Funds Transfer Request

Submit completed form and accompanying cheque/bank form to the church office, Attn: Financial Administrator.

Date: _____

Name: _____

Address: _____

Town/City: _____ Postal Code: _____

Phone: _____ Email: _____

I authorize Bethel Baptist Church (Charity Registration Number: 10678 8490 RR0001) and its related financial institution to process automated funds transfers for my regular donation as follows:

Amount: \$ _____

☐ Biweekly (every other Friday) starting _____

☐ Monthly (last business day of each month) starting _____

_____ void cheque attached or bank direct deposit form attached here

Donor Signature (name must appear on cheque or bank form): _____

To revise or cancel:

If for any reason you choose to revise or cancel the arrangements outlined above, please notify the office or email the Financial Administrator at finance@bethelstrathroy.com. Please allow 15 days notice of any revision or cancellation.

Please note: Spending of funds is confined to Elder Team approved programs and projects. Each contribution directed toward an approved program or project will be used as restricted with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason as determined by the Elder Team, the remaining restricted contributions will be used where most needed.