

Pre-Authorized Giving Changes & Information Sheet

Church Name: _____

Date: _____

Changes effective as of: _____

Changes

Name	New Amount	New Frequency	New First Withdrawal Date

Deletions

Name	Amount

Other:

Congregation Contact Signature & Phone Number:

Please Return To:

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Senior Financial Assistant
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1655 Manawagonish Road
Saint John, NB E2M 3Y2