

_____ Church

_____, 20_____

Karen Gillespie-Thorne
Sr. Financial Assistant
Canadian Baptists of Atlantic Canada
1655 Manawagonish Road
Saint John, NB E2M 3Y2

RE: Pre-Authorized Giving Program

_____ Church

Attached is a void cheque for our church account

Bank# _____ Transit# _____ Account# _____

We would like the donations made by our P.A.D. participating church members to be credited to this account, as per the program details agreed upon:

1. Deposit of donations made on the last day of the month
2. less the one-time set up fee of \$75
3. Less the monthly service fee of \$2.50 per person for the first ten participants and \$2.00 per person thereafter.

Sincerely,

Title _____