



Langstaff Gospel Hall

Setting up Monthly Pre-Authorized Withdrawals For Providing Financial Support to the Assembly

Pre-authorized payments are a convenient way of having the same amount automatically withdrawn monthly from your Canadian bank account. This can be arranged through Gospel Trust Canada using the attached form. The debit to your account would go through on the 25th day of each month.

The funds would be forwarded by Gospel Trust Canada to Langstaff monthly – and they can come through to Langstaff anonymously – i.e. your donor information would remain with Gospel Trust Canada. Gospel Trust Canada would issue you a charitable donation tax receipt at the end of each calendar year for the total annual amount(s) forwarded through them.

If you would like to set up this arrangement, please complete the attached form, and return it by e-mail, mail or fax to Gospel Trust Canada along with a cheque marked void from the account from which you wish the funds to be taken. If you do not have cheques, you can get a form from your bank branch with the needed information that you can attach to the form before sending it along to GTC.

On the attached form, you can fill in the monthly amount you would like deducted from your account and sent to Langstaff. We would suggest that this arrangement only be used if the monthly amount is \$100 or greater as there is some administrative effort involved on the part of GTC staff to facilitate the service. If you wish to contribute something towards GTC administrative expenses you can fill that in as well, and then indicate the total amount on the form.

If you need help completing the form, please feel free to speak with Andrew Ussher, Michael Da Silva Jr. or Heidi Giraldi.

Pre-Authorized Payment Request

I authorize Gospel Trust Canada to withdraw my personal monthly donation of \$ _____ from my bank account on the 25th day of each month. (Please enclose a blank cheque marked "void".)

I understand that I may cancel this authorization at any time with written notice which must be received at the address below at least ten (10) business days before the next debit is scheduled. To obtain a sample cancellation form or further information on the right to cancel a PAD Agreement, I can contact my financial institution or visit www.cdnpay.ca

I have certain recourse rights if any debit does not comply with this agreement. For example I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Signature: _____ Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home telephone: _____ Email address: _____

Date to begin withdrawal: _____ 25, 201_

Suggested designation of donation (complete below or use a separate sheet of paper)

<u>Amount</u>	<u>For the work of:</u>
\$ _____	<u>Langstaff Gospel Hall (please forward anonymously)</u>
\$ _____	_____
\$ _____	_____
\$ _____	Administrative Expenses
\$ _____	Total

Email, mail or fax the completed form with a cheque marked "void" to:

Gospel Trust Canada
3 Hill Top Trail
Stouffville, ON L4A 7X4

Fax: (905)-205-0315

Email: info@gospeltrust.ca

You will receive a tax receipt for your donations at the end of the year.