



Faith FM
Donor's Automatic Debit
Authorization Form
 Registered as: *Sound of Faith Broadcasting*
 BN #881104491 RR0001

FELLOWSHIP OF FAITH (OPERATING EXPENSES)

FOUNDATION OF FAITH (ANNUAL CAMPAIGN)

To authorize **Faith FM (Sound of Faith Broadcasting Inc.)** to receive payments debited from your account, please complete all sections and sign on the bottom of this page.

PAYEE: Faith FM
 P.O. Box 1433, Station C, Kitchener, ON N2G 4H6 Telephone: 519-575-9090

SOUND OF FAITH BROADCASTING INC. DONOR (PAYOR) INFORMATION (Please Print):

Business Name (if applicable) _____

Last Name: _____ First Name: _____

Street Address: _____ Telephone _____

City/Town: _____ Postal Code: _____

DONOR'S FINANCIAL INSTITUTION ACCOUNT INFORMATION

Name of Financial Institution: _____

Branch Street Address: _____ Telephone: _____

City/Town: _____ Postal Code: _____

Account #: _____

The account that **Faith FM (Sound of Faith Broadcasting Inc.)** is authorized to draw upon is indicated above. A specimen cheque for this account has been marked "**VOID**" and attached to this authorization.

I / We agree to inform Faith FM (Sound of Faith Broadcasting Inc.) in writing, of any change or cancellation (with proper authorization to verify the identity of the payor), 30 days prior to the next pre-paid authorization date.

The authorized fixed amount of this debit is \$_____. The maximum allowable amount for this debit is \$_____. The authorized frequency of debit transaction is **Monthly** on the **15th** of every month, beginning on _____.

Donor Signature: _____ Date: _____