

# SonRise Pentecostal Camp

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## Electronic Funds Authorization Form

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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### EFT Authorization:

I hereby authorize **SonRise Pentecostal Camp** to debit my chequing account on \_\_\_\_\_ 1st / \_\_\_\_\_ 15th day of the month.

Donation Amount per Month: \_\_\_\_\_

Beginning Date Month: \_\_\_\_\_ Year: \_\_\_\_\_

Signature: \_\_\_\_\_

### **\*\*IMPORTANT: Please attach a Voided Cheque \*\***

To cancel your monthly donation, please e-mail or mail us a letter indicating the effective date of your cancellation. Please note that there may be one more EFT from your date of notification and the ability to stop the withdrawal.

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