



Authorization for Pre-authorized Offering Program (POP)
Our Savior Lutheran Church
18345 62B Ave Edmonton, AB T5T 3J9

I/We want to support/continue to support Our Savior Lutheran Church with monthly offerings using the POP:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Please check one: New Contributor Change to Existing Cancellation

Monthly Offering Information (to be completed for New Contributors or for offering amount changes):

Operating Fund: _____ Benevolence (Synod): _____ Building Fund: _____

Total Monthly Offering Amount: _____ Church Envelope #: _____

Banking Information (to be completed for New Contributors or for banking Information changes):

Bank Name: _____

Bank Branch Address: _____

City: _____ Province: _____ Postal Code: _____

Institution #: _____ Transit #: _____ Account #: _____
(3 digit code) (5 digit code)

Void cheque or banking form attached

I/we understand and agree that:

1. My/our bank account will be debited on the 20th of each month (or the first business day following the 20th);
2. For the purpose of this agreement, all pre-authorized debits from my/our account will be treated as personal;
3. I/we may revoke my/our authorization at any time, subject to providing 30 days notice;
4. My/our personal information will be used only for the purpose of administering the POP.

Signature: _____ Dated: _____