



## PRE-AUTHORIZED GIVING

To enroll in our Pre-Authorized Payment Plan, please return your completed form with a VOID cheque to the office.

If you would ever like to temporarily stop or permanently discontinue payment, it is as simple as contacting the office at [cac@cochranealliance.com](mailto:cac@cochranealliance.com) or 403-932-6100.

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

### GIVING DATE & AMOUNT:

(check all that apply)

- Weekly \$ \_\_\_\_\_
- Bi-Weekly \$ \_\_\_\_\_
- 1st of the month \$ \_\_\_\_\_
- 15th of the month \$ \_\_\_\_\_

START DATE: \_\_\_\_\_

### GIVING ALLOCATION:

(Total below must add up to tithing amount above)

- General Fund \$ \_\_\_\_\_
- Capital/Built to Build \$ \_\_\_\_\_
- Global Advance \$ \_\_\_\_\_
- Canadian Ministries \$ \_\_\_\_\_
- Ambrose University \$ \_\_\_\_\_
- Benevolent Fund \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_
- (Specify)

**TOTAL** \$ \_\_\_\_\_

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

*Please attach a VOID cheque  
and return to the church office.*