



Giving Hope Today

The Salvation Army  
Northridge Community Church  
15338 Leslie Street  
Aurora ON L4G 7J4

Telephone: (905) 895-6276  
Fax: (905) 830-0343  
E: Mail [Mail@northridgesa.com](mailto:Mail@northridgesa.com)

### “Pre-Authorized Payment” for Envelope/Tithing Contributions

Name & Envelope Number:	_____
Home Mailing Address:	_____
	<b>Postal Code:</b> _____

Name of Banking Institution:	_____									
Address of Banking Institution:	_____									
	_____									
Bank #:	Transit #:	Account #:	\$	<table border="1"> <tr> <td style="text-align: center;">Amt</td> <td style="text-align: center;">monthly</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Semi-monthly</td> <td style="text-align: center;">_____</td> </tr> </table>	Amt	monthly	_____	_____	Semi-monthly	_____
Amt	monthly									
_____	_____									
Semi-monthly	_____									

I/We, the above named contributor, authorize The Salvation Army **Northridge Community Church** to debit my/our above noted bank account for the purpose of processing a semi-monthly contribution donation towards its ministry work. It is understood that the above noted “Gift” amount will be debited on or about the 1st and 15<sup>th</sup> business day of each calendar month.

I/We agree to notify Northridge Community Church , in writing, of any changes to the amount of the PAD, cancellation of the PAD, or to my/our banking information that will affect the PAD processing, **30 days in advance** of the next scheduled PAD.

It is understood that the bank is not responsible to verify whether these payments are properly debited to my/our account. Delivery of this authorization to Northridge Community Church constitutes delivery to the bank.

I/We, as indicated by the following signature(s), are the persons required to sign on the above account.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Additional signature, if required for joint accounts (Please print)

**If this is a chequing account, please include a copy of your cheque marked --- VOID ---. If this is a non-chequing account, please include a copy of a pre-printed deposit slip for your account, or a copy of the top portion of your bank statement (showing only the bank number, transit and account numbers).**

Please complete this form and return it to the church office at your earliest convenience.

**William and Catherine Booth**  
Founders

**Brian Peddle**  
General

**Floyd Tidd**  
Territorial Commander

**Brian & Glenda Bishop**  
Pastors / Corps Officers