Bonavista Baptist Church

Automated Offerings Option

Enrollment Form

Date to begin: _____

Frequency of automated offerings *(please check box)*

☐ Once a Month ☐ 1st **OR** ☐ 16th

☐ Weekly

Personal Information

Name: _____ Envelope No. _____
(Optional, if known)

Address: _____

_____

Postal Code: _____ Phone No. _____

Please apply funds as follows:

General Fund $ _____

Building Fund $ _____

Benevolent Fund $ _____

Short Term Missions _____ $ _____

Missions – Other _____ $ _____

Other _____ $ _____

Total Donation per Withdrawal $ _____

Gifts to approved BBC programs/projects will be used as designated. When the need has been met, funds will be redirected to similar projects/programs or where most needed, upon approval of the Elders.

I choose to donate to Bonavista Baptist Church by Pre-Authorized bank withdrawals. I authorize Bonavista Baptist Church to automatically withdraw donations from my bank account. I understand that two weeks notice is required to adjust or cancel my automated donation. **A VOID cheque is attached to provide banking information.**

Print Name: _____

Signed: _____ Date: _____