



**The Salvation Army**  
Canada & Bermuda  
Territorial Headquarters  
**The Salvation Army**  
**Conception Bay South Corps**

P.O. Box 14147 Stn Manuels  
Conception Bay South, NL A1W 3J1



**Heart to God**  
**Hand to Man**

**Would you like to financially support The Salvation Army in Conception Bay South? If so, please complete this form and send by mail or deliver it to the church. Every donation, great or small, is gratefully received. Year end tax receipts will be provided. Thank you!**

**‘Yes, I would like to support The Salvation Army in Conception Bay South’  
“Pre-Authorized Payment Registration Form”**

Name:	_____
Home Mailing Address:	_____ _____ _____

Name of Banking Institution:	_____
Address of Banking Institution:	_____ _____ _____
Bank #: _____ Transit #: _____ Account #: _____	<input type="checkbox"/> Monthly - please indicate 15 <sup>th</sup> <input type="checkbox"/> or 30 <sup>th</sup> <input type="checkbox"/> <input type="checkbox"/> Both (Semi-Monthly) 15 <sup>th</sup> and 30 <sup>th</sup> \$ _____

I/We, the above named contributor, authorize **The Salvation Army Conception Bay South Corps** to debit my/our above noted bank account for the purpose of processing a monthly/semi-monthly contribution donation (i.e. “**Monthly/Semi-Monthly Gift**”) towards its ministry work. It is understood that the above noted “Gift” amount will be debited on or about the 15<sup>th</sup> and/or the 30<sup>th</sup> business day of each calendar month.

I/We agree to notify **The Salvation Army Conception Bay South Corps** in writing of any changes to the amount of the Pre-Authorized Debit (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 **The Salvation Army Conception Bay South Corps** 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 either mail it to the address above, deliver it to the church, or call 727-8205 to arrange to have your form picked up.

**William and Catherine Booth**  
Founders

**André Cox**  
General

**Brian Peddle**  
Territorial Commander

**Douglas Hefford**  
Divisional Commander