

## IMPORTANT NOTE

HCM is our main sending church that helped established our church, and continues to support us both financially as well as administratively. At present, Hope Church Toronto North (HCTN) operates as a ministry of HCM. All budgeting, financial reporting, and issuing of tax receipts are done for us by HCM. It is important that any donations intended for HCTN are clearly indicated as such.

## HOW IT WORKS

“Pre-Authorized Debit Agreement” means that you personally authorize Hope Church Mississauga to regularly withdraw your offering from your financial institution account. All you need to do is fill out the following form below, select the amount you want to give and the most convenient date(s) (1st, 15th, 30th, or weekly) for the withdrawals to occur. Sign the completed form and submit it along with a VOID cheque, via email to [giving@hopemississauga.ca](mailto:giving@hopemississauga.ca) or by regular mail to the address shown below.

Hope Church Mississauga will arrange for the withdrawal from your account and the bank will confirm the transactions on your monthly statement.

You may revoke your authorization at any time by providing a cancellation form via email to [giving@hopemississauga.ca](mailto:giving@hopemississauga.ca)

A sample cancellation form and additional information on your right to cancel a PAD agreement is available from your financial institution, or visit <https://www.payments.ca/paying-pre-authorized-debit>

To change either the transaction date or the amount to be withdrawn, email the changes to [giving@hopemississauga.ca](mailto:giving@hopemississauga.ca)

## PRE-AUTHORIZED PAYMENT PLAN AUTHORIZATION FORM

I hereby authorize Hope Church Mississauga to withdraw my donation as outlined below.

Weekly on Fridays, or on the  1st and/or  15th and/or  30th

Beginning on the month of \_\_\_\_\_

Designate the following amounts to:

General Giving (Hope Church Toronto North) \$ \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Bank Account #: Institution: \_\_\_\_\_ Branch/Transit: \_\_\_\_\_ Account # \_\_\_\_\_

Signature 1 \_\_\_\_\_ Signature 2 \_\_\_\_\_

This donation is made of behalf of an  Individual/Family or  a Business

Please Print and sign this completed form and send it along with an image of a VOID cheque or your Bank's Direct Deposit Form to [giving@hopemississauga.ca](mailto:giving@hopemississauga.ca) or mail them to Hope Mississauga's address shown below.

Hope Church Mississauga  
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