PRE-AUTHORIZED MONTHLY CHEQUING

The Fellowship of Evangelical Baptist Churches - Central Region (FEB CENTRAL)

- On or around the 15th of each month, your requested contribution will be drawn automatically from your bank account
- You can make changes or cancel donations at any time just by emailing or writing to the FEB CENTRAL office.
- please complete the application below and send to:

FEB CENTRAL, 175 Holiday Inn Drive, Cambridge, ON N3C 3T2
Tel: (519) 654-9555 Fax: (519) 654-9991 or email to:accounting@febcentral.ca

RECEIPT to be issued to:		
Last Name		
First Name		
Middle Initial	_(for income tax purposes)	
ADDRESS:		
CITY/PROVINCE/POSTAL CODE:		
Email:		
Home/Cell Phone #		
Please attach a VOID cheque to this applicati	on	
CONTRIBUTION INFORMATION:		
I would like my contribution designated to the fol	lowing ministries:	
Name of Person or Project	<u> A</u>	<u>smount</u>
		_
	Total	
I would like my contribution to begin:		(date)
	B CENTRAL to debit my ac n until further notice.	count the
Signature:	Date:	