

# PRE-AUTHORIZED GIVING (with Credit Card)

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 # \_\_\_\_\_

VISA / MC # \_\_\_\_\_ Security Code# \_\_\_\_\_

Exp Date: \_\_\_\_\_ Name on Card \_\_\_\_\_

**CONTRIBUTION INFORMATION:**

I would like my contribution designated to the following ministries:

Name of Person or Project

Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total

\_\_\_\_\_

I would like my contribution to begin: \_\_\_\_\_ (date)

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I hereby authorize FEB CENTRAL to debit my credit card on or around the  
15th of each month until further notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_