

Bethel Church

"Responding to the Heart of God; Transforming the
Heart of the City, the Nation, and the World."

PRE-AUTHORIZED DEBIT CANCELLATION

Attn: Bethel Church office

I, the undersigned, cancel my authorization to issue monthly debits (withdrawals) to my bank account,
effective on (insert date) _____.

I acknowledge that this cancellation does not terminate any other financial obligation that I may have with the
church.

I also acknowledge that the cancellation may not take place until the month following the end of the current
month, to allow for the transfer of updated information to the church's bank.

Donor Name (Print): _____

Donor Signature: _____

Date: _____

NOTE: Cancellation Notice may be provided to Bethel Church by way of email, mail, or phone.

Any questions?

Contact the church office at 613-542-2990 or office@bethelkingston.com

FOR OFFICE USE ONLY

DONOR P.A.D. NUMBER: _____

DONOR ENVELOPE NUMBER: _____

DATE CANCELLED: _____

CANCELLED BY: _____