



**Saugeen Shores Community Church**  
**650 Green Street. P.O. Box 1630, Port Elgin, Ontario N0H 2C0**  
**Phone 519 832 5607 saugeenshorescommunitychurch@gmail.com**  
**www.saugeenshorescommunitychurch.ca**

**PRE-AUTHORIZED GIVING ENROLMENT**

Please complete the following information in order for the SSCC Office to process your request with our Financial Institution.

**PLEASE PRINT**

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

.....

I hereby authorize the amount of \$ \_\_\_\_\_ to be withdrawn from my financial institution on the following day(s) of the month:

- 1st of the month \_\_\_\_\_ (Initial)
- 15th of the month \_\_\_\_\_ (Initial)
- Both the 1st and 15th of the month \_\_\_\_\_ (Initial)

The above authorized amount shall be deposited to the account of the Saugeen Shores Community Church.

I understand that this authorization may be cancelled or revised upon written notice through the SSCC Office. Pre-Authorized Giving Amendment forms are available upon request or at our Welcome areas.

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

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

**(Both signatures are required on joint accounts.)**

**PLEASE ATTACH A VOID CHEQUE TO THIS FORM.**

**If you do not have personal cheques, you may visit your Financial Institution and request a Direct Deposit form. Please complete the Direct Deposit Form and submit with this PEMC Pre-Authorized Giving Enrolment form thru the SSCC office.**

**\*Please Note: Conditions are subject to change based on policies and procedures with our Financial Institution. You will be contacted by the SSCC Office regarding any communicated changes which may affect your pre-authorized giving agreement.**