



## Direct Deposit Giving Agreement:

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

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Offering Number: \_\_\_\_\_

Tax deductible receipts will be issued annually

Please return to: Church Mailbox #121

Or mail to: Upper Room Fire Prayer Ministries  
2760 Derry Rd W Unit 7  
#121 Mississauga, ON L5N 3N5

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

☐ New Agreement

☐ Change to Information

☐ Monthly Withdrawal

☐ 2<sup>nd</sup> day of month

Amount \$ \_\_\_\_\_

☐ 16<sup>th</sup> day of month

Amount \$ \_\_\_\_\_

☐ Semi-Monthly Withdrawal

2<sup>nd</sup> & 16<sup>th</sup> day of month

Amount \$ \_\_\_\_\_

(please indicate amount  
to be withdrawn on each  
date, not monthly total)

☐ Direct Deposit/Change to begin on \_\_\_\_\_

☐ Cheque enclosed (please mark "VOID"). Required for new agreements or when there is a change in banking information on existing agreements.

☐ Cancel existing Direct Deposit effective \_\_\_\_\_

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

*Please note: 14 days notice is required for set up, changes and cancellations.*