



ELECTRONIC FUND TRANSFER

PLEASE ATTACH A VOID CHEQUE AND RETURN THE COMPLETED FORM TO GRACE TORONTO CHURCH.

1,	_ hereby authorize Grace	Toronto Church, to deb	it my bank account,	
in the amount of	, for the purpos	es of "A Place for Grace	e in the City".	
Monthly Quaterly	One-time			
Please debit my account on the (Note: Quarterly payments will k			(month) encement date selected above.)	_(year
I would like my last payment to k specified, debits will end Decemb		_(month)	(year). If no last payment date is	
I have previously given a c	ommitment card to Grace	e Toronto Church, for 'A	Place for Grace in the City'	
Signature	Date	(MN	1/DD/YYYY)	
PRE-AUTHORIZED (ELECTRONIC FUND TRANS				
Name				
Phone				
Address				
City				
Province				
Postal code —				
Country —				
Email —————				

For any questions or concerns regarding Electronic Fund Transfers, please contact Dave Roberts at 416-860-0895 or office@gracetoronto.ca.

Please return the completed form to Grace Toronto Church, Attention: Dave Roberts or Leemarc Lao at the below mailing address or email.