

# The Salvation Army

Canada & Bermuda  
Territorial Headquarters

## The Salvation Army St. John's Temple

PO Box 21060  
101 Torbay Road  
St. John's, NL A1A 5B2

### “Pre-Authorized Payment” For Envelope Contributions/Donations

Name & Envelope Number:	_____
Home Mailing Address:	_____ _____

Name of Banking Institution:	_____
Address of Banking Institution:	_____ _____
Bank #: _____ Transit #: _____ Account #: _____	Monthly – Indicate 1 <sup>st</sup> or 15 <sup>th</sup> \$ _____
	Semi-monthly - 1 <sup>st</sup> & 15 <sup>th</sup> \$ _____

I/We, the above named contributor, authorize **The Salvation Army St. John's Temple** to debit my/our above noted bank account for the purpose of processing a monthly/semi-monthly contribution donation towards its ministry work in the following departments ( i.e. **Youth Dept., Building Fund, Senior Corps etc**): \_\_\_\_\_

It is understood that the above noted “Gift” amount will be debited on or about **the 1<sup>st</sup> and/or the 15<sup>th</sup> business day of each calendar month.**

I/We agree to notify the **St. John's Temple** in writing of any changes to the amount of the PAD, cancellation of the PAD, or to my/our banking information that will affect the PAD processing, **30 days in advance** of the next scheduled PAD.

It is understood that the bank is not responsible to verify whether these payments are properly debited to my/our account. Delivery of this authorization to the **St. John's Temple** constitutes delivery to the bank.

I/We, as indicated by the following signature(s), are the persons required to sign on the above account.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Additional signature, if required for joint accounts) (Please print)

**If this is a chequing account, please include a copy of your cheque marked --- VOID ---. If this is a non-chequing account, please include a copy of a pre-printed deposit slip for your account, or a copy of the top portion of your bank statement (showing only the bank number, transit and account numbers).**

Please complete this form and return it to the corps office at your earliest convenience.

**Brian Peddle**  
General

**William and Catherine Booth**  
Founders

**Floyd J. Tidd**  
Territorial Commander

**Eddie Vincent**  
Divisional Commander