



South Edmonton Alliance Church
PAD Contribution Confirmation

Payor's Name: _____ (Please Print)

Address: _____

Phone: _____

Offering Number: _____ (CM/EM/MM)

Email address: _____

Monthly Contribution

\$..... General Fund (常費)

\$..... Mission Fund (差傳)

\$..... Capital Fund (增設)

\$..... **Total (總數)**

Payment Frequency: Monthly

The dates for withdrawal will be on the 15th day of each month or next business day if the 15th day is a weekend or holiday.

Dated: _____

Payor's Signature: _____

If you have any question. Please notify
Church Treasurer
780-463-1527
finance@seachurch.ca