



MONTHLY ONLINE BILL PAYMENT

Foursquare Gospel Church of Canada

ONLINE REMITTANCE FORM

CHURCH NAME: _____

BILL PAYMENT ACCOUNT#: _____

DATE OF ONLINE BILL PAYMENT: _____

INSTRUCTIONS:

1. Enter Church Name, Bill Payment Account# & Date
2. Enter Tithes, Missions & Other Payment amounts in Section A
3. Total the amount in Section A
4. Enter Foursquare Benefit Plan amounts in Section B
5. Total the amount in Section B
6. Enter the Grand Total (A+B) in Section C
7. Send this form to donations@foursquare.ca

SECTION A: Foursquare Gospel Church of Canada General Account

1. Extension Tithe \$ _____ Explain: _____	7. Foursquare General Missions \$ _____
2. A/R— Invoice # _____ \$ _____ Explain: _____	8. Foursquare Kids \$ _____
3. Loan Payment \$ _____ Explain: _____	India Kids \$ _____
4. License Fee \$ _____ For who: _____	Other Kids Program \$ _____ Explain: _____
5. Convention Fee \$ _____ For who: _____	9. Other Designated Missions \$ _____ Explain: _____
6. Chilliwack Lake Camp \$ _____ Explain: _____	_____ \$ _____
	_____ \$ _____
	10. Other \$ _____ Explain: _____
	_____ \$ _____
	_____ \$ _____
	TOTAL \$ _____

SECTION B: Foursquare Benefit Plan Account

NAME OF EMPLOYEE	GROUP INSURANCE PREMIUM			PENSION PLAN CONTRIBUTIONS			
	For the Month Of _____			For the Month Of _____			
	Employer	Employee	TOTAL	Employer	Employee Mandatory	Employee Voluntary	TOTAL
SUBTOTAL:	\$	\$	\$	\$	\$	\$	\$
GIP TOTAL			\$	PP TOTAL			\$

Group Insurance + Pension Plan TOTAL: \$ _____

If there are any changes to be made to the FBP please submit a "Notification of Changes" form.

SECTION C: Grand Total

Section A \$ _____ **+** **Section B \$** _____ **= Grand Total C \$** _____

SUBMIT FORM

FOUR SQUARE GOSPEL CHURCH OF CANADA
 B307 - 2099 Lougheed Hwy, Port Coquitlam
 British Columbia, Canada, V3B 1A8
 P: 604 941 8414 F: 604 941 8415
 E: info@foursquare.ca W: foursquare.ca