

PRE-AUTHORIZED PAYMENTS

NEW APPLICATION

- Complete the attached form and return to the treasurer.
- Attach a cancelled cheque for the account the funds are to be drawn on.
- Funds will be withdrawn on the last banking day of each month.
- If you wish to change the amount of your offering, please complete the Revision form and forward it to the treasurer one week in advance of when payment is due to be deducted.
- If you wish to cancel your pre-authorized payment plan, please contact one of the names below immediately.
- When revising your initial pledge form, you only have to complete the member's name, and any section you wish changed.
- For assistance please contact Ken Reimer at 452-9808, or Shirley Dunfield 455-2073.

Ken Reimer, Treasurer

PRE AUTHORIZED PAYMENT AUTHORIZATION FORM

DONATIONS/OFFERING TO

Brunswick Street United Baptist Church
161 York Street
Fredericton, NB
E3B 3N8

Member Name: _____

Address: _____

Name of Financial Institution: _____

Address: _____

Bank No: _____ **Transit No:** _____ **Account No:** _____

I/We (the above named member(s)) authorize the church to debit my/our account indicated above,

In the amount of \$ _____ on the last banking day of each month, to be designated for the

Following purposes:

Regular Offering	\$ _____
Capital Building Program	\$ _____
Other Offering – Name _____	\$ _____

- Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay the Church as indicated and to debit the amount specified to my/out account.
- I/we will notify the Church promptly in writing if I/we move the account from one bank or branch to another, or if there is any other change in the account.
- I/we will understand that the bank is not responsible to verify whether these payments are properly debited to my/our account.
- This authorization may be canceled at any time upon written notice by me/us to the Church.
- Any delivery of this authorization to the Church constitutes delivery by me/us to the Bank.
- I/we are all the persons who are required to sign on the above account. I/we have received a signed copy of this authorization.

Date to commence deductions: _____

Date: _____ **Member Signature:** _____