

Surname: _____

Env. # _____

**Authorization Form
to make
Pre-Authorized Remittances**

To: First United Church
221 Park Avenue, P.O. Box 921
Mount Pearl, NL
A1N 3C8

This is a **First** request for pre-authorized payment. _____

This is a **Change** to an existing pre-authorized payment. _____

(Please note: A change must be completed as though this is first time,
not just to add or subtract from the previous request.)

I / we hereby authorize

Name of Financial Institution _____

Branch Address _____

City _____ Province _____

Chequing Account Number _____

Total Amount for the month _____

to debit my / our account indicated above on the fifteenth (15th) and / or the thirtieth (30th) of each month. It is further authorized that those funds be distributed at First United Church as follows.

<u>Fifteenth (15th)</u>	and / or	<u>Thirtieth (30th)</u>
Total: \$ _____		Total: \$ _____
Local: \$ _____		Local: \$ _____
Bldg. Fund: \$ _____		Bldg. Fund: \$ _____
M. & S. \$ _____		M. & S. \$ _____
Other: _____ \$ _____ (specify)		Other: _____ \$ _____ (specify)

This authorization may be cancelled at any time upon written notification by me / us.

Date: _____

Signature: _____

Signature: _____

For verification purposes please enclose one of your personal cheques marked V O I D.