

# Ashton United Church

## Pre-Authorized Remittance Program Authorization

I hereby authorize Ashton United Church to cause a cheque to be drawn on my account each month, as a contribution by me to Ashton United Church, as follows:

Total monthly contribution to Ashton United Church of \$ \_\_\_\_\_ distributed as follows:

Local : \$ \_\_\_\_\_ Benevolence: \$ \_\_\_\_\_ M&S: \$ \_\_\_\_\_

Special: \$ \_\_\_\_\_ (please specify)

Name: \_\_\_\_\_ Envelope #: \_\_\_\_\_

Financial Institution Name & Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Type of Account: \_\_\_\_\_

**TO ENSURE ACCURACY, A SAMPLE CHEQUE, MARKED "VOID", MUST ACCOMPANY THIS FORM.**

**or** Credit Card Information: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This authorization may be changed or cancelled by the contributor at any time.

The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, the *Personal Information Protection and Electronic Documents Act (2000, c5)*.