

Pre-authorized payment plan

Name: _____

Address: _____

Donation information

I agree to Chapel Ridge withdrawing the following amounts from my account:

Account name: _____

Bank: _____

Day of the month	Total amount	General Fund	Missions Fund	Other (please specify)
1st				
15th				

Unless specified otherwise all funds will be used for the general church budget. Offerings may only be directed to projects approved by the Leadership Empowerment Team.

Authorization:

The information on this form supercedes any prior pre-authorized payment agreement that was in place with Chapel Ridge Free Methodist Church.

I/we hereby authorize you to debit my/our account each month in the amount(s) shown above and for such amount(s) to be payable to Chapel Ridge Free Methodist Church. Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit my/our account accordingly. This authorization may be cancelled at any time upon written notice by me/us.

Authorized signature: _____ Date: _____

Please complete this form and return it **along with a personal cheque marked 'void'** to Donna Rotar
If you have any questions about completing the form please contact Donna at donnamrotar@gmail.com