



REQUEST FOR PRE-AUTHORIZED GIVING

To sign up for this convenient service, please complete the following and attach a blank cheque marked "VOID" and email to the treasurer or return to the church office.

Deduction Amount:	General Fund:	\$ _____
	Missions:	\$ _____
	Capital Campaign:	\$ _____
	Robin/ Beth Churchill WM04-0405:	\$ _____
	Jordan/ April Tatton WM04-0418:	\$ _____
	Other:	\$ _____
	Total:	\$ _____

Deduction Frequency: _____ Bi-Weekly (Two deductions per month every other Tuesday)
 (Please Check One) _____ Monthly (One deduction per month on the 1st of the month)

PAG start Date OR Effective Date for Change in Deduction Amount: _____

Payer's Acknowledgement:

The undersigned Payer(s), (each), being a Payer that is not one and the same as the Payee that issued this Payee Letter of Undertaking, hereby acknowledge the provisions of this Payee Letter of Undertaking and confirms to the Bank that it has authorized the Payee to issue cash management debits in relation to the Payer(s)'s account(s) with a Processing Member. The Payer further acknowledges that in the event of any dispute, no recourse will be provided through the clearing system and the Payer must address any such disputes directly with the Payee.

This Acknowledgement may be cancelled or revoked at any time upon notice being provided to the Payee either in writing or orally.

Banking Information: Name of Bank/ Financial Institution: _____
 Branch Address: _____
 Branch Transit Number: _____ Bank Number: _____
 Account Number: _____

Name of Payer (please print): _____ **Env. No. (Office Use)** _____

Signature of Payer: _____ **Date:** _____

Hillside Wesleyan Church
Attn: Treasurer
50 Ritcey Cres
Cole Harbour, NS B2W 6J8