

Pre-Authorized Payment Authorization Eagle Ridge Bible Fellowship Church

Type of Request (choose one): <input type="checkbox"/> New <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change bank account information <input type="checkbox"/> Temporary suspension of payments <input type="checkbox"/> Terminate payments	Complete these sections below: A, B, and C A and B A and C A, D, and E A and D
--	--

Section A: Payor Identification

Payor Name(s): _____

Address: _____

City: _____ Province: _____

Section B: Payment Amount

I (we) authorize *Eagle Ridge Bible Fellowship Church* to process a debit, in paper, electronic, or other form in the fixed amount of: \$ _____ on my (our) account of the 1st of each month beginning _____, _____.

Month Year

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

Signature of Payor: _____ Date _____

Signature of Payor: _____ Date _____

Section C: Account Information:

Financial Institution: _____

Address: _____

Transit No.	Institution No.	Account No.
_ _ _ _ _ _ _	_ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Please attach a void cheque or obtain a bank stamp with the institution number, transit number, and account number clearly visible.

Section D: Terminate Payment Date

Last payment date on: _____ 1, _____ or the next business day.

Month Year

Section E: Restart Payment Date

Begin payments again on: _____ 1, _____ or the next business day.

Month Year