PERSONALLY APPROVED PAYMENT SERVICE

The undersigned hereby authorizes **CHESTER UNITED BAPTIST CHURCH** to draw monthly donations electronically on the _____ of each month, (commencing on _____ day of _____, _____ in the amount of $_____ **to CHESTER UNITED BAPTIST CHURCH** main current account.

____ Mr. ____ Mrs. _____ Miss ____ Ms.

_____,_____,_____

First name **Initial** **Surname**

_____

Address **City** **Province** **Postal Code**

Name of Financial Institution: _____

Branch_____ Account # _____

_____

Address **City** **Province** **Postal Code**

Terms:

1. All amounts payable to CHESTER UNITED BAPTIST CHURCH drawn on or direct to you by New Ross Credit Union Limited on behalf of CHESTER UNITED BAPTIST CHURCH.
2. Your treatment of each debit shall be the same as if the undersigned has a personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned.
3. The authorization may be cancelled at any time upon written notice though it may take up to 4 business days to stop the transaction.
4. Any delivery of this authorization to you constitutes delivery by the undersigned.

Date:_____, _____

Signature of Account Holder

Date: _____, _____

Signature of Joint Account holder

- For a joint account, all depositors must sign, if more than one signature is require on cheques issued against the account.
- NOTE: To ensure accuracy, **PLEASE ATTACH A VOID CHEQUE**