



GRACE UNITED CHURCH

Monthly Pre-Authorized Remittance Authorization Form



Name(s) for official tax receipt: _____

Account name(s): _____

Amount: \$ _____ Date of First Payment: _____

Payments withdrawn on the 21st of each month

Account Information

Name of Financial Institution: _____

Bank number: _____ Transit number: _____

Account number: _____ Chequing Savings

Please attach a void cheque or contact your financial institution for help completing this form.

I/We, as signing officers of the above noted account, do authorize Grace United Church
Lloydminster to withdraw the payments as described above
directly from my/our account until further notice.

Name: _____ Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Please indicate the distribution of your contribution:

General fund: \$ _____

Mission and Service: \$ _____

Capital Reserve: \$ _____

Benevolent: \$ _____