



Pre-Authorized Debit Offerings

Name (please print): _____

Phone: _____

- I/we authorize Weston Park Baptist Church to withdraw \$_____ on the
- a) 2nd day of each month
 - b) 16th day of each month
- effective _____.

My Financial Institution: _____

Signature(s) as required for this account:

Attach a void cheque from bank account.

Return this form completed to Cheryl Frogley-Rawson.

* Please give one month's notice to change or cancel this authorization.