

**PRE-AUTHORIZED DEBIT PLAN APPROVAL**

I hereby authorize **New Hope Lutheran Church Inc.** to withdraw regular payments from my account as follows (choose monthly OR twice-monthly):

I would like to contribute \$ \_\_\_\_\_ monthly on the 3<sup>rd</sup> of the month

OR I would like to contribute \$ \_\_\_\_\_ month on the 18<sup>th</sup> of the month

OR I would like to contribute \$ \_\_\_\_\_ twice-monthly on the 3<sup>rd</sup> and 18<sup>th</sup> of the month

I would like to begin payments on \_\_\_\_\_ (date)

I have attached a voided cheque as requested. \_\_\_\_\_

Name \_\_\_\_\_ Financial Institution \_\_\_\_\_

Address \_\_\_\_\_ Branch \_\_\_\_\_

\_\_\_\_\_ Type of Account \_\_\_\_\_

Postal Code \_\_\_\_\_ Account Number \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Please distribute my contribution as follows:

\$ \_\_\_\_\_ To be divided according to the adopted budget of the congregation

\$ \_\_\_\_\_ Other (Please specify) \_\_\_\_\_

*The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5).*