



**PRE AUTHORIZED PAYMENT AGREEMENT FORM**

We are pleased to be able to offer you with the Pre-authorized Payment convenience/option. Now you can have your payments automatically withdrawn from your chequing or savings account.

**Pre-authorized payments will help in many ways:**

- It saves trips to your financial institution
- It saves time in issuing cheques, avoiding bank charges and fees.
- It eliminates the possibility of lost, stolen or forged cheques.
- Your payments are timely, maintain proper stewardship.
- It means you get your contributions sown even if you are out of town.

**AUTHORIZATION AGREEMENT**

I hereby authorize Rhema Canada to initiate automatic withdrawals from my account at the financial institution named below.

Further, I agree not to hold **Rhema Canada** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This agreement will remain in effect until **Rhema Canada** receives a written notice of cancellation from me or my financial institution, or until I submit a new pre-authorized payment form to the Accounts Receivable Department.

**ACCOUNT INFORMATION**

Name of Financial Institution: \_\_\_\_\_

Branch Number: \_\_\_\_\_

Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Chequing  Savings

Start Date: \_\_\_\_\_ Frequency: Weekly \_\_ Biweekly \_\_ Monthly \_\_

Contribution Amount \$ \_\_\_\_\_

**SIGNATURE**

Member Name(please print): \_\_\_\_\_

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_