

Smithers Christian Reformed Church
4035 Walnut Drive PO Box 2257
Smithers, BC V0J 2N0
crcsmithers@gmail.com
250-847-2333

Pre Authorized Payment Plan

____ Yes, I am interested in using the
Pre-authorized Payment Plan to make my
church donations.

- 1) I would like my donation to come from my
bank account on the following date(s) (circle
your choice(s)).
- 1st day of the month
 - 5th day of the month
 - 10th day of the month
 - 15th day of the month

2) I would like \$_____ to be deducted on each
pre-authorized payment.

Attached is a void blank cheque.

Signature

Signature (if joint account)

Date

The pre authorized payment plan will be
ongoing unless you notify us in writing of any
changes. We require one month's notice for any
change.

If you are interested in this service, **please
attach a void cheque**, fold this request and put
in the budget box located at the end of the
mailboxes at your earliest convenience.

If you have any questions, please call Jenna,
587-985-7240 or Sylvia, 250-847-2333.

Thank you!

Office use
Date rec'd _____
Initials _____