

# **Automatic Withdrawal Authorization Form**

#### IMPORTANT INFORMATION — Please Read

Please complete this form to approve automatic withdrawals from your bank account by The Presbyterian Church in Canada for the purposes indicated. Withdrawals are done on the 15th of each month. If there is a change to the amounts, or you would like to cease automatic payments, you must notify us before the 10th of the month. As there are separate bank accounts for pension and the PCC, these amounts will be withdrawn separately and may appear differently on your bank statement.

Please check the payments you would like to have done by automatic withdrawal and indicate the amounts where applicable.

## **Health and Dental**

- Payments will be withdrawn on the 15th of January, April, July, October.
- The PCC will withdraw the amount based on your quarterly invoice
- · A copy of your invoice, marked "Paid" will be sent to you for your records, once we have received the funds

## **Pension**

- Pension Payments will be withdrawn on the 15th of each month.
- Funds will be withdrawn monthly based on the amounts indicated below.

Member Pension Contributions:	Optional Insurance:	
Basic Group Insurance:	Congregational Assessment OR Employer Share:	Total Pension Pa

# vment:

## Presbyterians Sharing and/or PWS&D

- Presbyterians Sharing and/or PWS&D remittances will be withdrawn on the 15th each month
- The PCC will withdraw the amounts indicated below each month
- The amount must remain the same for at least 6 months

Presbyterians Sharing:	
PWS&D:	

# **Lending Fund:**

- Remittances will be withdrawn on the 15th of March, June, September & December
- The PCC will withdraw the amount as indicated each quarter per the repayment schedule



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<b>CONGREGATION INFORM</b>	ATION * - Required field	
Congregation Code:*	Congregation Name:*	
Address:*		Contact Email:*
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BANKING INFORMATION		
Please attach a void cheque OR	complete the following financial bank	/institution information:
Bank Institution Number (3 digits):	Bank Transit Number (5 digits):	Bank Account Number:
Bank Address (including Street #, Name	e, City, and Province):	
AUTHORIZING SIGNATUR	E(S)* * - Required field	
7.0 THORIEM OF OTOTAL	- Required field	
		raw funds from our bank account for the tlined in the Important Information section
Signature	Please print	name
Signature	Please print	name
Signature	r lease print	name
Date		

**PLEASE NOTE:** There will be a \$5.00 charge for insufficient funds. if you wish to stop your automatic withdrawal, please contact ar@presbyterian.ca