

Birch Cove Baptist Church

50 Donaldson Avenue, Halifax, NS B3M 3B5

Tel: 902.443.1547

Fax: 902.431.3532

PRE-AUTHORIZED WITHDRAWAL AUTHORIZATION FORM

Your Name	Envelope Number
Your Address	Phone No.

Today's Date	Amount to be withdrawn \$
Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
	<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-Monthly
Start Date Enter Day and Month	

Banking Information

Your Bank
Branch Address
Bank Transit No. and Account No.

Example of Banking Information (You must attach a "VOIDED" cheque for verification)

⑈0000 1⑈ ⑆0 1333⑈00 1⑆ 1 234⑈0 1 23⑈

Sequential Number

Transit Number Area

Account Number Area

Your Authorization

Signature (1) _____
Signature (2) _____
<i>Only if the Account requires two signatures for withdrawal</i>