Page 10f2 Fill in highlighted sections only, scan v emailto; bethelow bethelowallaceburg.com or drop in Bethel's mailbox

SOUTHWEST REGIONAL CREDIT UNION LTD.

MEMBER PRE-AUTHORIZED DEBIT **AUTHORIZATION FORM**

1. ACCOUNT TO BE DEBITED - ATTACH A VOID CHEQUE

2. ACCOUNT TO BE CRE	CCOUNT TO BE CREDITED – COMPLETE INFORMATION BELOW				
TRANSIT NUMBER:		<u> </u>	-		
ACCOUNT NUMBER:					
MEMBER'S NAME:	Bothel Re	entecost	-al Chur	ch	

3. I/We as the account holder(s), authorize Southwest Regional Credit Union Ltd. to debit my/our account, at the above indicated branch of the financial institution, under terms and conditions agreed to by me/us with Southwest Regional Credit Union Ltd. until such time as written notice to the contrary is given by me/us to Southwest Regional Credit Union Ltd.

I/We warrant that all persons whose signatures are required to sign on this account have signed this form below.

The branch of the financial institution at which I/we maintain the account is not required to verify that the payment(s) are drawn in accordance with this authorization.

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I/We will notify Southwest Regional Credit Union Ltd. of any changes in the account information or termination of this authorization prior to the next due date of this pre-authorized debit. I/We understand that termination of this authorization does not terminate any contract for goods or services that exists between me/us and Southwest Regional Credit Union Ltd.

Please process a debit to other form as below:	o my/our account as noted in section 1, in ele	etronie (
a) amount of debit	\$		
b) frequency of debit	weekly on	(d	
	biweekly on	(d	
	semimonthly on	(d	
	monthly on	(d	
	other on	(d	
c) date to start debit			
Date	Signature of account holder		
Date	Signature of account holder	ignature of account holder	
Date	Signature of account holder		
Employee Number	Employee Name		