

Church Envelope #_		Start Date (YYYY/MM/DD):	
	15th of Month	Last Day of Month	<b>Total for Month</b>
	\$	\$	\$
	\$\$	\$	\$
	\$\$	\$	\$
	\$\$	\$	\$

Signature of Account Holder

Please attach a VOID check for the account information. THANK YOU. Please read the reverse side for more information.

Date

## **Automatic Withdrawal Authorization**

Please complete all sections on the reverse side and be sure to **attach a VOID check** in order to provide the bank account information.

Name of Account Holder

Withdrawn funds will be deposited to the credit of New Life Christian Reformed Church and credited to the specified funds. Funds will be withdrawn on the 15th and/or the last day of the month.

By signing on the reverse side, you are authorizing New Life Christian Reformed Church to draw on your account with the financial institution identified on the VOID check, a debit in electronic form in the total amount and on the dates specified beginning on the start date and terminating when notified. If you need to change the amount(s), and/or frequency of the withdrawals or to stop the withdrawals, please contact Marguerite Brouwer via e-mail (mbrouwer@newlifecrc.ca) or by calling (604) 852-1585. If you already have an automatic withdrawal in place, this will be considered a complete replacement of what is already in place. Please limit the distribution to no more than 4 funds including New Life Ministries.

Automatic Withdrawals can be a very disciplined approach to giving on a regular basis—it has been and is a blessing to many in our church family.