



Pre-Authorized Debit Form

Account Holder Name: _____

Address: _____

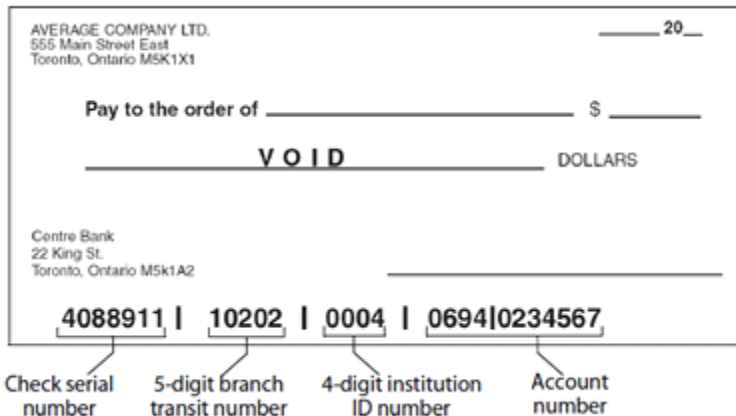
Phone: _____ email: _____

Account Number: _____

Branch Number: _____

Institution Number: _____

Institution Name: _____



Amount of each Transaction: \$ _____

How Often (circle one): weekly bi-weekly monthly

Start Date: Day: _____ Month: _____ Year: _____

I hereby authorize Amherst Wesleyan Church to debit my account in the amount listed above, commencing on the date listed above.

I understand this authorization may be adjusted or rescinded at any time with five days notice to Amherst Wesleyan Church.

Account Holder Signature: _____ Date: _____

Account Holder Signature: _____ Date: _____
(if joint account)