**Mill Woods United Church**



**For new enrollment or for changes to**

**Pre-Authorized Remittance (PAR) or credit card**

**(Changes can be made at any time by contacting the church office 780-463-2202 or mwuc1@telus.net)**

[ ] **To start PAR**: Please start me in the PAR program and withdraw $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month from my account on or about the 20th of each month. **Attach a VOID cheque to this form or provide bank information below.**

**Bank name and address:** **(numbers from the bottom of cheque)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch Institution Account Number

 [ ] **To change** **PAR**: Please change my monthly amount to $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] **To begin/change credit card**: Please charge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per month to my credit card.

**CREDIT CARD:** [ ] Mastercard [ ] Visa

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. \_\_\_\_\_/\_\_\_\_\_

Cardholder Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your financial support to Mill Woods United Church!**