



Eden United Church
Come and share the journey.

"Followers of Jesus Christ, building a faith community that is welcoming, safe, inclusive, and respectful of all persons"



Print and complete the following form and submit it to the church office. If you want to give via a chequing account, please attach a blank cheque marked VOID. Thank you.

PRE - AUTHORIZED REMITTANCE FORM

YES! I WANT TO GIVE EACH MONTH THROUGH PAR

AMOUNT OF MONTHLY OFFERING

Local Expenses: _____

Mission & Service Fund: _____

EITHER BY:

CHEQUE (ATTACH BLANK CHEQUE MARKED VOID)

Please debit my/our account indicated each month for offerings payable to Eden United Church

TO _____
(Name of Financial Institution)

Address of Branch _____ City _____

Bank Account Number _____ Type of Account _____

- OR -

BY CREDIT CARD Visa MasterCard

Credit Card No. _____

Expiry Date ____/____/____

SIGNATURE:

DATE: _____

I WOULD LIKE ENVELOPES AS WELL: YES NO