



# PREAUTHORIZED PAYMENT SERVICE AFT SYSTEM

Bergengren Credit Union Limited  
257 Main Street, Antigonish, N.S. B2G 2C1  
(902) 863-6600, Fax (902) 863-3031  
Transit #: 801430839

Acct. #: \_\_\_\_\_

MEMBER INFORMATION	OTHER BANKING INFORMATION
Name _____	Financial Institution _____
Address _____	Branch Address _____
Postal Code _____	Branch # _____ Transit _____
Telephone # _____	Account Number _____
Email address _____	

**Pledges from \$500.00 - \$999.99 can be paid over a period of 2 years**  
**Pledges over \$1,000.00 up to \$4,999.99 can be paid over a period of 3 years**  
**Pledges over the amount of \$5,000.00 can be paid over a period of 5 years**  
**A onetime donation can be accepted at any time**

I/We hereby authorize Bergengren Credit Union to debit my/our account, indicated above, as follows:

- 1) Amount of \$ \_\_\_\_\_
- 2) Frequency of ( ) weekly ( ) bi-weekly ( ) monthly ( ) annually ( ) other \_\_\_\_\_
- 3) Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Until further notified

This authorization may be cancelled or changed upon 30 days written notice by me/us being provided to the Credit Union. For verification purposes I have enclosed a cheque marked **void**. All people required to sign on the account have signed below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

\_\_\_\_\_

\_\_\_\_ I (we) wish to have our gift remain anonymous.

**MAIL TO:** Laurie Boucher  
Antigonish Town and County Recreation Association  
19 Gillis Way, Antigonish, N.S., B2G2W3