



Pre-Authorized Withdrawal for CBAC Churches

DATE

Karen Gunn, Pension and Benefits Manager
Pension and Benefits Board
PO Box 6003
Moncton, NB E1C 0V7

Re: Pre-Authorized Withdrawal for:

Church Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____

Attached is a void cheque for our church account. The details are copied here:

Bank #

Transit #

Account #

We would like the monthly balance due from the Pension and Benefits Board to be withdrawn from our church bank account on the 15th of each month.

Sincerely,

Name

Title

Signature

Email

05/2025