

# Pre-Authorized Donation Form

Return to EMCC, 214 Highland Rd E. Kitchener, ON N2M 3W2  
 Email: info@emcc.ca Fax: 519-894-0941



Evangelical Missionary  
 Church of Canada  
 Following Jesus Together  
 emcc.ca

## EMCC WORLD PARTNERS MISSIONARY SUPPORT

955	Robert & Sharlene Dilts: Algonquin First Nations	\$ _____
961	Phil & Carolyn English: Disciple-making Mexico	\$ _____
10003	Dan & Anne-Marie Chapple: Pastoral Training Mexico	\$ _____
10005	Ron & Jeannette Faw: Pastoral Training Brazil	\$ _____
10010	Ken & Carolyn Benson: Outreach and Disciple-making	\$ _____
10012	Marilyn McIlroy: Health & Community Development	\$ _____
10023	Donald & Lorraine Gingras: Disciple-making	\$ _____
10025	Dorothy Reid: Children's Workers Leadership Training	\$ _____
10027	Stan & Sally Bragg: First Nations Saugeen	\$ _____
10028	Dan & Kerry Wiens: Community Development	\$ _____
10058	Undesignated Missionary Support	\$ _____
<b>OTHER</b>		
		\$ _____
		\$ _____
		\$ _____
<b>TOTAL</b>		\$ _____

## Pre-Authorized Monthly Donation Agreement

I want to support an EMCC Project through monthly donations.

New  Update  Personal  Business

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Prov \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

### Payment Frequency

Withdrawal Date:  1st day of each month  16th day of each month  
 one-time gift

\_\_\_\_\_ dollars per month starting in \_\_\_\_\_  
 Amount Month

### Attached Cheques

I am enclosing a one-time cheque or cash Cheques can be issued to EMCC  
 I am enclosing post dated cheques

### Please debit my bank account (Please attach VOID Cheque)

Name of Financial Institution \_\_\_\_\_

Branch Number (5digits) \_\_\_\_\_

Institution Number(3 digits) \_\_\_\_\_

Account Number \_\_\_\_\_

### Please charge my Credit Card

Visa \_\_\_\_\_  
 Card Number Expiry CVV

Mastercard

### Authorization

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

I understand that I may cancel my bank or credit card authorization at any time with 30 days written notice to EMCC. For more information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse right, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). The Payor and Payee agree to waive the pre-notification requirement under the CPA Rules to receive a written pre-notification prior to each pre-authorized payment

Spending of funds is confined to board approved programs and projects. Each restricted contribution designated towards a board approved program or project will be used as designated with the understanding that when the need for such a program or project has been met, or cannot be completed for any reason determined by the board, the remaining restricted contributions designated for such program or project will be used where needed most.

Questions may be directed to Lotoya Mahorn: lmahorn@emcc.ca  
 Phone: 877-375-7600 ext.223