

# Pre-Authorized Donation Form

Return to EMCC, 300-4039 Brentwood Rd NW Calgary AB T2L 1L1  
 Email: [finance@emcc.ca](mailto:finance@emcc.ca) Fax: 519-894-0941



**Evangelical Missionary Church of Canada**  
 Following Jesus Together

## EMCC & WORLD PARTNERS SUPPORT

50	EMCC General Fund	\$
10058	World Partners – Undesignated	\$
<b>WP SUPERVISED* GLOBAL WORKERS</b> <a href="http://www.emcc.ca/world-partners/give/support-a-worker">www.emcc.ca/world-partners/give/support-a-worker</a>		
955	Robert & Sharlene Dilts: First Nations, Raising Support	\$
964	Keith & Ruth Ann Elliott: Global Partner Developers	\$
10003	Dan & Anne-Marie Chapple: Pastoral Training, Mexico	\$
10010	Ken & Carolyn Benson: Outreach and Disciple-making	\$
10012	Marilyn McLroy: Health & Community Development	\$
10025	Dorothy Reid: Children's Workers Leadership Training	\$
10027	Stan & Sally Bragg: First Nations Saugeen	\$
<b>EMCC WP GLOBAL PROJECTS</b> <a href="http://www.emcc.ca/projects">www.emcc.ca/projects</a> Number (RD700, IPF300), Name, Amount		
#	Name	\$
#	Name	\$
#	Name	\$
<b>EMCC PENSION &amp; RSP CONTRIBUTIONS</b>		
		\$
		\$
		\$
	<b>TOTAL</b>	\$

Questions? Call 1-877-375-7600 ext. 223

## 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:  1<sup>st</sup> day of each month  16<sup>th</sup> day of each month  
 one-time gift

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

### Attached Cheques

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

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

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

Branch # (5 digits) Institution # (3 digits) Account Number

### Please charge my Credit Card

Visa  Mastercard

Card Number \_\_\_\_\_

Expiry \_\_\_\_\_

CVV \_\_\_\_\_

### 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.