

# Pre-Authorized Donation Form

Return to EMCC, 214 Highland Rd E. Kitchener, ON N2M 3W2  
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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   | \$_____ |
| 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  
☐ I am enclosing post dated cheques issued to EMCC

### 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  
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