

Pre-Authorized Donation Form

Return to EMCC, 160 Lancaster Street E. Kitchener ON N2H 1N2
 Email: finance@emcc.ca Fax: 519-894-0941



Evangelical Missionary
 Church of Canada
 Following Jesus Together

Pre-Authorized Monthly Donation Agreement

I want to support an EMCC Project through monthly donations.

New Update Personal Business

EMCC & WORLD PARTNERS SUPPORT

50	EMCC General Fund	\$ _____
10058	World Partners – All Services	\$ _____
WP SUPERVISED GLOBAL WORKERS		
https://www.emcc.ca/world-partners/get-involved/connect/mission-workers-and-partners/		
955	Robert & Sharlene Dilts: Algonquin First Nations, Canada	\$ _____
961	Phil & Carolyn English: Disciple-making, Mexico	\$ _____
964	Keith & Ruth Ann Elliott: Partner Developers for Lat. Am., Canada	\$ _____
10003	Dan & Anne-Marie Chapple: Pastoral Training, Mexico	\$ _____
10010	Ken & Carolyn Benson: Preparing and Transitioning Workers, Canada	\$ _____
10012	Marilyn McLroy: Health & Community Development, Canada	\$ _____
10025	Dorothy Reid: Children's Workers Leadership Training, Romania	\$ _____
10027	Stan & Sally Bragg: Saugeen First Nations, Canada	\$ _____
10028	Dan & Kerry Wiens: Community Development, South Africa	\$ _____
PROJECTS SUPPORTING PARTNERS + WORKERS		
https://www.emcc.ca/world-partners/what-we-do/integrating-development/ Number (RD700, IPF300), Name, Amount		
#	Name	\$ _____
#	Name	\$ _____
#	Name	\$ _____
EMCC PENSION CONTRIBUTIONS		
		\$ _____
		\$ _____
		\$ _____
	TOTAL	\$ _____

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

\$ _____ 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. 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. 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? Call 1-877-375-7600 ext. 223