



聖公會以馬內利堂  
Richmond Emmanuel Church

## Pre-Authorized Debit Form (Electronic Fund Transfer)

### Step 1) Donor Personal Information (please print)

Surname \_\_\_\_\_ Given Name (s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Email Address \_\_\_\_\_  
 Province \_\_\_\_\_ Phone number (    ) \_\_\_\_\_  
 Postal Code \_\_\_\_\_ (    ) \_\_\_\_\_

### Step 2) Please attach a personal voided cheque for account information

Name of Bank/Financial Institution \_\_\_\_\_

### Step 3) Pre-Authorized Payment Information

This donation is made on behalf of: \_\_\_\_\_ an individual  
 \_\_\_\_\_ a business

Please debit my bank account monthly (15<sup>th</sup> of each month):

\_\_ \$100    \_\_ \$200    \_\_ \$300    \_\_ \$500    \$\_\_\_\_\_ or specify other amount

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_ (if applicable)

Tithing # \_\_\_\_\_

*If the date selected is a holiday, the debit will be processed to your account on the next business day.*

**Please submit this form to the REC bookkeeper in person or via email: [finance@richmondemmanuelchurch.org](mailto:finance@richmondemmanuelchurch.org)**

I/we authorize Richmond Emmanuel Church and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time. REC will obtain my/our authorization for any other one-time or sporadic debits. I waive any requirement for pre-notification of changes in the amounts of pre-authorized debits drawn against my account at the financial institution in accordance with this authorization. This authority is to remain in effect until REC has received written notification from me/us of its change or termination. This notification must be received at least ten business days before the next debit is scheduled at the address provided below. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement.

I/we am/are the persons who are authorized to sign on the above account.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_