



# PRE-AUTHORIZED REMITTANCE FORM

Donor name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_ Gift amount: \$ \_\_\_\_\_

Name of local church: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

## Option 1: Pre-authorized debit

**Please attach a VOID cheque.**

I/We request/authorize The Evangelical Lutheran Church in Canada to debit my/our account on the 20th of every month, starting the 20th of \_\_\_\_\_, 20\_\_\_\_.

(month) (year)

I/we also recognize and agree to the following:

- I/we may change the amount of my contribution at any time by contacting [info@elcic.ca](mailto:info@elcic.ca).
- I/we 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 PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
- I/we waive my right to receive pre-notification of the amount of pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

(DD/MM/YY)

## Option 2: Visa/MasterCard/American Express

Card number: \_\_\_\_\_ Expiry: \_\_\_\_\_

(MM/YY)

Name on card: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

(DD/MM/YY)

### Thank you for your generosity.

*The use, retention, and disclosure of personal information collected from this form is done in compliance with privacy legislation and adheres to the principles of the Personal Information Protection and Electronic Documents Act.*

**Evangelical Lutheran Church in Canada**

600-177 Lombard Ave., Winnipeg, MB R3B 0W5 • Ph: 204-984-9150 • Toll free: 1-888-786-6707

[www.elcic.ca](http://www.elcic.ca)