



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.
- 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.cdnipay.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

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