PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Date: _____

Emmanuel Lutheran Church
Box 1376
Moose Jaw, SK
S6H 4R3

I/we would like to support Emmanuel Lutheran Church through monthly donations.

Please debit my bank account: (attach VOID cheque)

Amount: _____

The debit will be processed to your account on the 1st business day of each month.
This total amount is for Current or Operating Account only. If you wish to donate to other funds or make additional donations you will have to use your offerings envelopes.

Signature: _____

Donor Name: _____

Address: _____

_____

Phone: _____

Church Envelope # _____

I/we may revoke or change this authorization at any time, subject to providing notice of **20** days before the next pre-authorized debit date.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 the PAD Agreement.