

Eastern Canadian District Pre-Authorized Payment Request

Contact Information		
Name		
Address		
City, Province	Postal Code	Phone #
Email Address		

Donation Information	
Total Monthly Donation \$	Donation to be allocated to: (specify fund)
The ECD will issue an official tax receipt for your total donations each year (for total donation amounts of \$25 or more).	

Banking Information (from bottom of cheque)		
Institution # (4 digits)	Transit (branch) # (5 digits)	Account # (7-12 digits)
Bank Name	Branch Address	

Authorization		
<p>I/We hereby authorize the bank or financial institution noted above to debit my/our Canadian dollar account each month and provide payments to the Eastern Canadian District of the Christian and Missionary Alliance in Canada ("ECD"). The monthly debit to my/our account is scheduled for the tenth day of each month. If the seventh day of the month falls on a weekend or holiday, the debit will occur on the first business day following the seventh of the month.</p> <p>I/We may cancel this authorization at any time by providing written notice to the ECD. I/We will provide ten days notice to the ECD of the details of any changes in the pre-authorized bank account above (in the event of cancellation, change in bank accounts, etc.).</p> <p>Receipt of this authorization by the ECD constitutes delivery by me/us to the bank or financial institution noted above. I/We affirm that all persons whose signatures are required to authorize withdrawals from the account above have signed this authorization. I/We agree that the information contained in this authorization may be disclosed to CIBC as required to complete any pre-authorized debit transaction.</p> <p>I /We have certain recourse rights if any debit does not comply with this agreement, such as the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. For more information I/we may contact my bank or visit payments.ca.</p>		
Date	Authorized Signature	Secondary Authorization (if needed)

Please Attach Void Cheque.

Please send form by mail to:

The Eastern Canadian District, 11 Stanley Court, Unit 12, Whitby, ON L1N 8P9.
Phone: 905-430-0955 Email: office@easterndistrict.ca