



Contributor Application for Pre-authorized Offering Program for Christian Organizations

Today, many financial obligations can be paid by automatic monthly debit. It's a simple and convenient way to take care of regular commitments – and it can help you manage your family budget. Providing your offering through pre-authorized giving allows you to support a Christian organization in the same easy way.

Benefits

- Supports the organization while you're on vacation
- Saves the organization administrative costs
- Helps you budget for donations
- Avoids "catch-up" periods
- Frees you from remembering to write cheques

How do I participate?

Simply complete the form on reverse, attach a void cheque, place these in a sealed envelope and return the envelope to the organization's office. You can subscribe or unsubscribe at any time and all information is completely confidential.

FAQs

When are transactions processed?

Withdrawals from your bank account takes place on the 20th of the month (or the next business day if the 20th falls on a weekend). You must notify the organization of any changes to your account or donation amounts by the 10th of the month.

How does the organization know what I have given?

The organization will be receiving a monthly offering report.

Who issues tax receipts?

The organization is responsible for tax receipts.

... Application on reverse side.

I/we want to support this organization through monthly donations

Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Telephone () _____ E-mail Address _____

Christian Organization Name **Cooperative ESL Ministries Society** —

Christian Organization Address **3851 – 54 Avenue NE** —

Calgary, Alberta T3J 3W5

Please debit my bank account. My contribution should be distributed as follows:

(Please check with the organization for specified funds that have been set up)

1) Fund Amount \$ _____ 2) Fund Amount \$ _____ 3) Fund Amount \$ _____

Total Monthly Contribution \$ _____ Commencing: _____
month/year

The debit will be processed to your account on the 20th day of each month or the next business day.

Bank Name _____

Bank Branch Address _____

Account Number _____ Transit Number _____

Void cheque attached.

I/we may revoke my/our authorization at anytime, subject to providing 30 days notice. To obtain a sample cancellation form, or for more information on my right to cancel a PAD agreement, I/we may contact our financial institution or visit www.cdnpay.ca.

I/we agree that, for the purpose of this agreement, all pre-authorized debits from my/our account will be treated as Personal.

Signature _____ Date _____

This program is administered by FaithLife Financial.

Occasionally, FaithLife Financial contacts friends of our organization to share news about products and services as well as member and congregational programs. Please check here if you do not wish to be contacted.

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 debit that is not authorized or is not compliant with this PAD agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

**Protecting
your future.
Living your
values.
Building a
better world.**



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1810A-01-10