



EFT Giving Option



- Automatic donations to the Elora House (via Elora Road Christian Fellowship) can be set up using our simple form.
- Your account will be debited on the date(s) of the month until you request it to stop.
- The ERCF church office processes the Electronic Giving Authorization Forms on a monthly basis, therefore forms received at the office by the last Sunday of the month will be processed the following month.
- Receipts will be issued annually in February for all Electronic Funds Transfer (EFT) contributions made during the prior calendar year.

To initiate your personal giving plan, simply complete the following steps:

1. Complete and sign the Electronic Giving Authorization Form on the back of this form.
2. Attach your personal cheque marked "Void".
3. Return this form to The Hub in the church lobby, mail it in to the church office, or scan/email it to lynnw@ercf.ca.

Important Notes re PAD Agreement:

- This authority is to remain in effect until Elora Road Christian Fellowship Inc. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below.
I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.
- 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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

Elora Road Christian Fellowship

5696 Wellington Road 7,

Guelph, ON N1H 6J2

Tel: 1-519-821-0424

E-mail: lynnw@ercf.ca

Electronic Giving Authorization Form

Pre-Authorized Debit (PAD) Agreement

Today's Date: _____

I/we want to support **Elora House** through recurring donations effective:
_____ (mm/dd/yy).

Please apply my/our donation towards:

ELORA HOUSE

Please debit my/our bank account on the following dates (select one option only):

- Monthly on _____ (give a date between 1 and 30)
- Semi-Monthly on _____, _____ (give 2 dates between 1 and 30)
- Weekly on Mon/Tues/Wed/Thurs/Fri (circle one day)

Please debit my/our bank account this Amount \$ _____ on each of the dates specified above.

Note: *The debit will be processed to your account on the date(s) of each month that you specified or the next business day.*

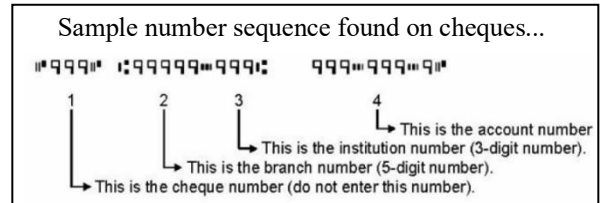
Your Bank/Financial Institution (FI) Information

FI Name: _____

FI Branch Number: _____

FI Institution Number: _____

FI Account Number: _____



(Please attach a VOID cheque from your bank account.)

Account Holder Name (print): _____

Signature: _____

Joint Account Holder Name (if applicable): _____

Signatures: _____

Account Holder Address: _____

Phone Number: _____

Email Address: _____