

**Christ Evangelical Lutheran Church
Pre-Authorized Debit Application
2091 Gordon Drive
Kelowna, BC V1Y 3J2**

I/We want to support this church through monthly donations

Name: _____
Home Address: _____
City and Province: _____
Postal Code: _____
Phone Number: _____
Email: _____

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

General Giving	\$ _____
CLWR/GHDA Giving	\$ _____
Total Monthly Contribution	\$ _____

Commencing (MM/YY) _____

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: _____

Please attach a Void Cheque

You may revoke or change any of the above information with 30 days notice. Please contact the Treasurer of Christ Evangelical Lutheran Church for any changes or cancellation.

This pre-authorized debit program is being administered through EFT Canada Inc.

Please provide this signed form to the Treasurer of Christ Evangelical Lutheran Church.

Signature: _____
Date: _____