

## Pre-Authorized Debit (PAD) Agreement for Charitable Donations to ERCF Inc. (Church)

1. Payor's Information (Please print clearly)	
Name of Account Holder:	
Name of Joint Account Holder (if applicable):	
Address:	
Phone Number: Ema	il Address:
2. Payor's Financial Institution (FI) Informat	(Please print clearly)
Bank Name:	Sample number sequence found on
FI Branch Number:	#999# 1:9999991: 999#999#9#
FI Institution Number:	This is the account number — This is the institution number (3-digit number).
FI Account Number:	This is the branch number (5-digit number).
	e or Direct Deposit Form from your bank account)
☐ Weekly on Mon/Tues/Wed/Thurs/	g dates (select ✓ one option only): te between 1 and 30) (give 2 dates between 1 and 30) /Fri (circle one day)
Please debit my/our bank account the amount \$ Note: The debit will be processed to your account on	on the dates specified above.  In the date(s) of each month that you specified or the next banking business day.
Please apply my/our donation towards (select one	option only; use a second form to set up a PAD for a second fund):
☐ Church Operating Fund or ☐ Re	each Fund (Missions)
- · · · · · · · · · · · · · · · · · · ·	omply with this agreement. For example, you have the right to receive s not consistent with this PAD Agreement. To obtain more information or visit <a href="https://www.payments.ca">www.payments.ca</a> .
Signature of Account Holder:	
Signature of Joint Account Holder (if applicable)	
Today's Date (month / day / year)	

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