

Congregational Member Application for Pre-authorized Offering Program

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 your church in the same easy way. Now FaithLife Financial offers this service for FaithLife Financial Members and Associates.

Benefits

- Supports the church while you're on vacation
- Saves the church 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 with a void cheque and email or fax both to fraternal.development@faithlifefinancial.ca or 519-886-0350. You can subscribe or unsubscribe at any time and all information is completely confidential.

When your church joins our program, they are given a package of small offering cards for you to place in the offering plate each Sunday as a symbol of your giving.

Frequently Asked Questions

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 your church of any changes to your account or donation amounts by the 10th of the month.

HOW DOES MY CHURCH KNOW WHAT I HAVE GIVEN?

The church will be receiving a monthly offering report.

WHO ISSUES TAX RECEIPTS?

The church is responsible for tax receipts.

I/we want to support this church through monthly donations

Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email address: _____

Church Name: **Faith Evangelical Lutheran Church**

Church Address: **43 Meadowlands Dr W, Ottawa ON K2G 2R5**

Church Envelope Number: _____

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

(Please check with your church for specific congregational accounts that have been set up)

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

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: _____

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 **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: _____

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 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 **cdnpay.ca**.*

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Please email completed form to **fraternal.development@faithlifefinancial.ca** or fax to **519.886.0350** Attn. Fraternal Department
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Form 1802A-01-17

