



PRE-AUTHORIZED DEPOSIT AGREEMENT

Payer Information

Name: _____

Address: _____

Phone #: _____

Email Address: _____

Transaction Information:

Amount of Payment: \$ _____

Frequency:

Purpose of Payment:

General _____

Ministry funds for _____

(missionary name)

Project _____

(project name)

_____ Weekly

_____ Semi-Monthly, 15th and last

_____ Bi-Weekly

_____ Monthly _____ day of month

_____ Quarterly _____ day of month

First Due Date: ____/____/____
mm dd yy

Last Due Date: ____/____/____
mm dd yy

Banking Information:

PLEASE ATTACH A VOIDED CHEQUE.

Signature of Payer

Date

Signature of Payer

Date

Note: If only one signature is required for the bank account, then only one payer need sign. However, if two or more signatures are required then both or all payers must sign.

RETURN FORM & VOIDED CHEQUE TO:

Evangelical Mennonite Conference
440 Main St.
Steinbach, Manitoba, R5G 1Z5

Or email scanned copy & voided cheque to:

wfast@emconf.ca

Office Use:	
_____	_____
Date Received	Signature
_____	_____
Date Entered	Signature

**Funding is confined to programs and projects approved by the boards of Evangelical Mennonite Conference. Designated gifts will be used as directed with the understanding that Conference boards may apply designated funds to other programs if the designated program or project has been fully funded or cannot be carried out for any reason. Priority will be given to a similar program or project.*