



Port Elgin Missionary Church

650 Green Street. P.O. Box 1630, Port Elgin, Ontario N0H 2C0
Phone 519 832 5607 portelginmissionarychurch@gmail.com
www.themissionarychurch.com

PRE-AUTHORIZED GIVING ENROLMENT

Please complete the following information in order for the PEMC Office to process your request with our Financial Institution.

PLEASE PRINT

Name: _____

Full Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Phone: _____

.....

I hereby authorize the amount of \$ _____ to be withdrawn from my financial institution on the following day(s) of the month:

- 1st of the month _____ (Initial)
- 15th of the month _____ (Initial)
- Both the 1st and 15th of the month _____ (Initial)

The above authorized amount shall be deposited to the account of the Port Elgin Missionary Church.

I understand that this authorization may be cancelled or revised upon written notice through the PEMC Office. Pre-Authorized Giving Amendment forms are available upon request or at our Welcome areas.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Both signatures are required on joint accounts.)

PLEASE ATTACH A VOID CHEQUE TO THIS FORM.

If you do not have personal cheques, you may visit your Financial Institution and request a Direct Deposit form. Please complete the Direct Deposit Form and submit with this PEMC Pre-Authorized Giving Enrolment form thru the PEMC office.

***Please Note: Conditions are subject to change based on policies and procedures with our Financial Institution. You will be contacted by the PEMC Office regarding any communicated changes which may affect your pre-authorized giving agreement.**