Electronic Fund Transfer Authorization

For the purpose of Electronic Fund Transfers (EFT) from a Lutheran Church-Canada congregational member by Lutheran Church-Canada, East District, for deposit into ***Concordia Lutheran Theological Seminary's*** *bank account.*

Name of Member: _____ (Please Print)
First Last

Name of Congregation: Concordia Lutheran Theological Seminary, City: St. Catharines

I authorize Lutheran Church-Canada, East District to process a debit, in paper or other form in the total monthly fixed amount of $_____.

This monthly "Fixed" amount may be increased or decreased at a future date as agreed to in writing by the member. It is understood that the "Fixed" amount will be withdrawn from the specified member's bank account on the 1st of each month. The member has supplied one (1) void cheque or a good quality photocopy, with this authorization for use by the East District solely for the purpose of the member's contribution to their congregation's bank account.

Signed on this the _____ day of _____, in the year 20 08

_____
(Member)

Void Cheque Enclosed – Yes ☐

Current Member Information (please print)

Name: _____

Address: _____

Address: _____

City: _____ Prov: _____

PC: _____ Phone: _____ (h, w, c)

email: _____

Change of Member Information (please print)

Name: _____

Address: _____

Address: _____

City: _____ Prov: _____

PC: _____ Phone: _____ (h, w, c)

email: _____

Note: the member is responsible for notifying the District office in writing, at least 10 workings day prior to the 1st of the month, of any changes with respect to their personal or banking information.

Lutheran Church-Canada, East District
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