

ERINDALE BIBLE CHAPEL

Direct Debit Enrollment Form

Confidential once completed

Name: _____ Phone _____

Street Address _____

City _____ Postal code _____

Email _____

I hereby authorize Erindale Bible Chapel to withdraw payments from my bank account on:

Weekly _____ 1st & 15th monthly _____ 1st month _____

Amount: \$ _____ Start date _____

I authorise Erindale Bible Chapel to accept written instructions if I need to cancel or change these deductions, and that ten (10) days notice shall be given before the next scheduled deduction date if I require an immediate cancellation or change to my donations.

Banking information:

Erindale Bible Chapel is a member of the Canadian Centre for Christian Charities. Our gift policy: Spending of funds is confined to EBC approved ministries and projects.

Please include a VOID cheque or bank information for accurate withdrawals.

Signature _____ **Date** _____

**PLEASE FORWARD, (OR MAIL), COMPLETED FORM & VOID CHEQUE, IN AN ENVELOPE,
TO THE CHURCH MARKED " ACCOUNTING OFFICE".**

