



File No: _____

**Pre-Authorized Payment Authorization – Fixed Transfer
Congregational Transactions**

*For the purpose of Electronic Fund Transfers (EFT) from a Lutheran Church–Canada congregation to
Lutheran Church–Canada, East District*

Name of Congregation: _____

Congregation Number: _____

I (we) authorize Lutheran Church–Canada, East District to process a debit, in paper or other form in the total fixed amount of \$_____.

This “Fixed” monthly amount may be increased or decreased at a future date as agreed to in writing by the Congregation. It is understood that the “Fixed” amount will be withdrawn from the specified congregation’s bank account on the 25th of each month. The congregation has supplied one (1) void cheque, number _____ with this authorization for use by the District.

Summary of Fixed Monthly Transfers:

Mission & Ministry	\$ _____
Mortgage:	\$ _____
Loan:	\$ _____
Rent:	\$ _____
Partner to Partner	\$ _____
Total Fixed	\$ _____

Signature of Signing Officer (1): _____ Date: _____

Print name of Signing Officer (1): _____

Signature of Signing Officer (2): _____ Date: _____

Print name of Signing Officer (2): _____

LCCED EFT account manager, Marjorie Wilde, ext 217, mwilde@lcc eastdistrict.ca