



File No: \_\_\_\_\_

### Pre-Authorized Payment Authorization – Variable Transfer

*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 Variable amount of \$\_\_\_\_\_.

Summary of Variable Monthly Transfers for the month of \_\_\_\_\_:

<u>LSO</u>	<u>Description</u>	<u>Amount</u>
CLWR:	_____	\$ _____
LBT:	_____	\$ _____
Other:	_____	\$ _____
Other:	_____	\$ _____
Other:	_____	\$ _____
Other:	_____	\$ _____
	Total Variable	\$ _____

Signature of Signing Officer (1): \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Signing Officer (1): \_\_\_\_\_

**Note: Must be faxed to the East District office no later than the 25<sup>th</sup> of the month.**

**Fax Number: 519-578-3369**

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

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