

AdventistGiving

Church Enrollment Agreement

Fax: 866-424-0956

Email: Help@AdventistGiving.ca

We, the undersigned, give permission for the Seventh-day Adventist Church in Canada (AdventistGiving) to collect tithe and offerings for the following church, to be deposited in the specified account. It is understood and agreed between the parties that this service is for tax-deductible items only. By signature we verify the information as true and correct.

Church

Name: _____

Address: _____

City/Province/Postal Code: _____

Bank

Name: _____

Bank (3-digit) #: _____

Branch Transit (5-digit) #: _____

Customer #: _____

*** Please attach a copy of your voided check. It is required for verification.**

Church Pastor

Signature: _____

Name: _____ Date _____

Email: _____

Church Treasurer

Signature: _____

Name: _____ Date _____

Email: _____

Conference Treasurer/Associate * Required to process your enrollment.

Signature: _____

Name: _____ Date _____

Conference: _____

Email: _____