

# 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: \_\_\_\_\_