

Evergreen Christian Ministries
Stayner Camp & Christian Retreat Center and Camp Mishewah

Personal Pre-Authorized Debit Agreement Supporting ECM

Thank you for joining with us in supporting our camps. Please complete and sign this form, attaching a personal cheque marked "void," and mail to: Evergreen Christian Ministries, Box 400, 240 Scott St., Stayner, ON, L0M 1S0, or scan and email to: info@ecmcamps.ca.

Pre-Authorized Donor Information

Name: _____, Address: _____

City: _____, Prov: _____, Postal Code: _____

Phone: _____

Financial Institution: _____, Address: _____

City: _____, Prov: _____, Postal Code: _____

Account #: _____

Void cheque attached: Yes

I authorize the monthly amount of \$ _____, beginning the month of: _____, year: _____

Monthly transaction date is the 15th of each month. I agree:

Where would you like your donation directed? Check one:

Evergreen Christian Ministries Stayner Camp Camp Mishewah

Is there a specific, board-approved project or program to which you would like your donations directed? (List available at ecmcamps.ca/support-us/donations)

If yes, please indicate, (leave blank if designating to general operations of your selection above)

- "Pay Their Way" Camper Sponsorship (Stayner)
- "Pay Their Way" Camper Sponsorship (Mishewah)
- Stayner Debt Reduction
- Stayner Kitchen Renovation
- Mishewah Electrical Infrastructure
- Mishewah Climbing Wall

Designation may be changed upon the request of the donor by contacting info@ecmcamps.ca

Mailing Address:
Box 400, 240 Scott
Stayner, ON L0M 1S0

Email: info@ecmCamps.ca



Web: ecmcamps.ca staynercamp.ca campmishewah.ca

Phone: (705) 428-3504
Toll Free: 1-800-430-3406
Fax: (705) 517-1544

Evergreen Christian Ministries
Stayner Camp & Christian Retreat Center and Camp Mishewah

I/we authorize Evergreen Christian Ministries (ECM) and the financial institution designated (or any other financial institution I/we may authorize) to begin deductions as per this agreement for monthly regular recurring donation payments. Regular monthly donations for the specified amount will be debited to my/our specified account. Monthly debits will be made on the 15th day of each month. This authority is to remain in effect until ECM has received notification from me/us in writing, via telephone call or via on-line communication to change or cancel this authority. This notification must be received at least 10 business days before the next debit is scheduled. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.cdnpay.ca. ECM may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

By providing personal information I(we) agree with [ECM's Privacy Policy](#).

I/we agree:

Please sign below as you would on a regular cheque.

(Second signature is required for joint accounts.)

Signature 1: _____, Date: _____

Signature 2 (if applicable): _____, Date: _____

Mailing Address:
Box 400, 240 Scott
Stayner, ON L0M 1S0

Email: info@ecmCamps.ca

Web: ecmcamps.ca staynercamp.ca campmishewah.ca

Phone: (705) 428-3504
Toll Free: 1-800-430-3406
Fax: (705) 517-1544