



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 25th of the month.

Fax Number: 519-578-3369

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

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