

MONTHLY GIVING COMMITMENT FORM

Date: _____

Agreement between Rock Lake Ministries Inc. and _____

that on the _____ day of every month, beginning _____ until I so desire,

\$ _____ shall be charged to my bank account as a monthly donation in support of the mission and ministry of Rock Lake Ministries Inc.

\$ _____ - to Ministry Operation Expenses

\$ _____ - to Director of Operation Salary

\$ _____ - Total Monthly Donation

I, the undersigned, understand that this agreement can be terminated by me at any time by contacting Rock Lake Ministries Inc, in writing, 30 days prior to the next scheduled payment withdrawal.

Signature

Print Name

Address:

City, Province & Postal Code:

Phone #

E-Mail Address:

Direct Deposit – Chequing account Savings account

Bank Name: _____

Bank Number: _____

Transit Number: _____

Account Number: _____

If Chequing account
Place VOID cheque here

**Completed form may either be mailed or emailed to Rock Lake Ministries.
Tax deductible Receipts will be issued at the end of the year.**

*Please note, you have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.payments.ca

Designated Giving to Approved Programs/Projects: If the designated project for which the gifts have been received has been fully funded, cannot be completed, or has been declared closed, the Board of Rock Lake Ministries reserves the right to redirect such funds to other ministries or projects of Rock Lake Ministries.