

AdventistGiving

Add/Change Information Form

Fax: 866-424-0956

Email: Help@AdventistGiving.ca

We, the undersigned, give permission for the Seventh-day Adventist Church in Canada (AdventistGiving) to update our account information provided below. By signature we verify the information as true and correct.

Add/Change: Bank Pastor Treasurer Assistant/Associate Treasurer

Church

Name: _____

Address: _____

City/Province/Postal Code: _____

Bank – Required only if you are changing your bank account information.

Name: _____

Bank (3-digit) #: _____

Branch Transit (5-digit) #: _____

Customer #: _____

Customer Name: _____

*** Please attach a printed voided check for the bank account that the local church will be using to receive the electronic deposits.**

Church Pastor

Signature: _____

Name: _____ Date _____

Email: _____

Church Treasurer

Signature: _____

Name: _____ Date _____

Email: _____

Assistant/Associate Church Treasurer

Signature: _____

Name: _____ Date _____

Conference: _____