

65 Cedar Pointe Drive  
Suite 474  
Barrie, Ontario, L4N 9R3  
Canada  
Tel.: (705) 739-2359  
Fax: (705) 739-1556  
[www.emmanuelswish.org](http://www.emmanuelswish.org)



## Direct Debit Form

### Donor Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### Bank Information

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Amount of Monthly Gift \_\_\_\_\_

Date of Monthly Debit    1<sup>st</sup> of month                       15<sup>th</sup> of month

**Please Attach Your Voided Check Here**

I hereby authorize Emmanuel's Wish Foundation and the financial institution above to automatically withdraw my monthly gift from the specified account above. This authority will remain in effect until I give written notice to cancel it.

\_\_\_\_\_  
Authorized Signature



\_\_\_\_\_  
Date

*Please send completed form to EWF at  
65 Cedar Pointe Drive, Suite 474, Barrie, On L4N 9R3*