



# Direct Debit Form

**Donor Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Bank Information**

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

Bank Number: \_\_\_\_\_

Branch Number: \_\_\_\_\_

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

**Donation Information**

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

Monthly Amount:    \$ \_\_\_\_\_

Allocation:         Where it is most needed  
                           Comfort Home (hospice)  
                           Children's Centre  
                           Community Outreach  
                           Administration

Please attach your voided cheque here

I hereby authorize Emmanuel's Wish Foundation and the financial institution above to automatically withdraw my monthly gift from the specified account above.

\_\_\_\_\_  
 Authorized signature



\_\_\_\_\_  
 Date

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