

B - FORMS

Section B includes copies of forms for photocopying. These forms can also be downloaded from the Treasurer's section of the ELCIC website at www.elcic.ca in PDF, Excel or Word formats.

Synod Remittance Forms

- B-1 Synod of Alberta and the Territories
- B-2 British Columbia Synod
- B-3 Eastern Synod of the ELCIC
- B-4 Manitoba/Northwestern Ontario Synod
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Mortgage Programs

- B-6 Church Extension and Capital Fund (CECF) Remittance Form – Loan Repayment
- B-7 Lutheran Investment Funds and Endowments (LIFE) Remittance Form – Loan Repayment
- B-8 Pre-Authorized Payment Authorization
- B-9 Pre-Authorized Payment – Terms and Conditions

Information Technology

- B-10 ELCIC Software Licensing Program Order Form

Continuing Education Plan (CEP)

CEP forms are available on the ELCIC Group Services Inc. website at www.elcicgsi.ca



REMITTANCE REPORT

Synod of Alberta and the TerritoriesAddress 10014 - 81 Avenue NW
Edmonton AB T6E 1W8Phone 780.439.2636
866.430.2636

Fax 780.433.6623

Web www.albertasynod.ca

Email abtsynod@elcic.ca

Congregation

Name _____

City _____

Cong. Number _____

Treasurer's InformationCheck here if the treasurer's information has changed

Name _____

Address _____

City, Prov, Postal _____

For Month of _____

Date Sent _____

Day-time Phone _____

Email _____

Please send remittance immediately after last Sunday of the month

Designation	Amount
I. Regular Mission Support through Synod	
a) Congregational Benevolence	
b) Specific Purpose within Synod's Budget	
1. Special Gifts	
2. Support our Students (SOS)	
3. Bishop's Discretionary	
4. Canadian Missions	
5	
II. Global Mission Directed Giving	
a) Global Mission - Unspecified	
b) Missionary, Program or Project (please specify)	
III. Development, Relief and Justice	
a) Canadian Lutheran World Relief (CLWR) - Unspecified	
(Note: include any GHDA unspecified in the CLWR line (a) above)	
c) CLWR Special Appeal (please specify)	
IV. Other (please specify)	
a) ELCIC Praise Appeal	
Total of Cheque(s) Enclosed (payable to Synod)	_____



REMITTANCE REPORT

British Columbia Synod
 Address 80 Tenth Ave E
 New Westminster BC V3L 4R5
 Phone 604.524.1318
 Fax 604.524.9255
 Email bcsynod@elcic.ca

For Month of _____
Date Sent _____
Congregation
 Name _____
 City _____
 Number _____

Treasurer's Information
 Check here if the treasurer's information has changed
 Name _____
 Address _____
 City, Prov, Postal _____

Day-time Phone _____
 Email _____

Designation	Amount
I. Regular Mission Support through Synod	
a) Congregational Benevolence	
b) Specific Purpose within Synod's Budget	
Special Gift to Synod	
Assistance for Seminary Students	
Lutheran Urban Mission Society (LUMS)	
Surrey Urban Mission Society (SUMS)	
II. Global Mission Directed Giving	
a) Global Mission - Unspecified	
b) Missionary, Program or Project (please specify)	
III. Development, Relief and Justice	
a) Canadian Lutheran World Relief (CLWR) - Unspecified	
(Note: include any GHDA unspecified in the CLWR line (a) above)	
b) CLWR Special Appeal (please specify)	
IV. Other (please specify)	
EICIC Praise Appeal	

Total of Cheque(s) Enclosed (payable to Synod)	CK No.:	
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REMITTANCE REPORT

Eastern Synod of the ELCIC
 Address 74 Weber Street W
 Kitchener, ON N2H 3Z3
 Phone 519.743.1461 – 1.877.373.5242
 Fax 519.743.4291
 Email lbecker@elcic.ca

For Month of _____
Date Sent _____

Congregation
 Name _____
 City _____
 Number _____

Treasurer's Information
 Check here if the treasurer's information has changed
 Name _____
 Address _____
 City, Prov, Postal _____

Day-time Phone _____
 Email _____

Designation	Synod Account No.	Amount
I. Regular Mission Support through Synod		
a) Congregational Benevolence	4000-1000	
b) Specific Purpose within Synod's Budget		
Canadian Mission (specify congregation)	2655-3000	
Canadian Missions Undesignated	2650-3000	
Eastern Synod Lutheran	4325-1810	
Waterloo Lutheran Seminary General Appeal	2645-3000	
Outdoor Ministry (specify camp)		
Edgewood Redevelopment Appeal	2670-3000	
Campus Ministry (specify centre)		
Other (please specify)		
II. Global Mission Directed Giving		
a) Global Mission - Unspecified	2615-3000	
b) Missionary, Program or Project (please specify)		
Brian Rude	2610-3000	
Fran Schmidt	2610-3000	
III. Development, Relief and Justice		
a) Canadian Lutheran World Relief (CLWR) - Unspecified	2630-3000	
(Note: include any GHDA unspecified in the CLWR line (a) above)		
b) CLWR Special Appeal (please specify)	2640-3000	
IV. Other (please specify)		
a) ELCIC Praise Appeal	2750-3000	

Total of Cheque(s) Enclosed (payable to Synod) _____



REMITTANCE REPORT

Manitoba/Northwestern Ontario Synod
 Address 201-3657 Roblin Blvd
 Winnipeg MB R3R 0E2
 Phone 204.889.3760
 Fax 204.896.0272
 Email mnosynod@elcic.ca

For Month of _____
Date Sent _____

Congregation
 Name _____
 City _____
 Number _____

Treasurer's Information
 Check here if the treasurer's information has changed
 Name _____
 Address _____
 City, Prov, Postal _____

Day-time Phone _____
 Email _____

Designation	Synod Account No.	Amount
I. Regular Mission Support through Synod		
a) Congregational Benevolence	4010	
b) Specific Purpose within Synod's Budget		
Mission as Hope (General Appeal)	4045	
Mission as Hope (Youth & Campus Ministry)	4046	
c) Support for Ministries within the MNO Synod		
Lutheran Urban Ministry ("The Urban")	2620	
Luther Village	2630	
Student Aid (Support for Seminarians)	2681	
Internship Support	2684	
Bishop's Discretionary Fund	2687	
Other (please specify)		
II. Global Mission Directed Giving		
a) Global Mission - Unspecified	2535	
b) Missionary, Program or Project (please specify)	2540	
Fran Schmidt	2540	
Cameroon - "Kids Helping Kids" Project of MNO Synod	2730	
III. Development, Relief and Justice		
a) Canadian Lutheran World Relief (CLWR) - Unspecified	2520	
(Note: include any GHDA unspecified in the CLWR line (a) above)		
b) CLWR Special Appeal (please specify)		
IV. Other Gifts for ELCIC, Non-Synod and Non-ELCIC Causes (please specify)		
a) ELCIC Praise Appeal		
Total of Cheque(s) Enclosed (payable to MNO Synod)		

REMITTANCE REPORT

Saskatchewan Synod
 Address 714 Preston Avenue
 Saskatoon SK S7H 2V2
 Phone 306.244.2474
 Fax 306.664.8677
 Email sksynod@elcic.ca

For Month of _____
 Date Sent _____
Congregation
 Name _____
 City _____
 Number _____

Treasurer's Information
 Check here if the treasurer's information has changed
 Name _____
 Address _____
 City, Prov, Postal _____

Day-time Phone _____
 Email _____

Designation	Synod Account No.	Amount
I. Regular Mission Support through Synod		
a) Congregational Benevolence	6100	
b) Specific Purpose within Synod's Budget		
Bishop's Discretionary Fund	6098	
Canadian Mission Undesignated	6023	
Seminary Student Sponsorship	6049	
First Call Continuing Education	6095	
Special Appeal	6102	
II. Global Mission Directed Giving		
a) Global Mission - Unspecified	6021	
b) Missionary, Program or Project (please specify)		
Argentina	6082	
Brian Rude	6089	
III. Development, Relief and Justice		
a) Canadian Lutheran World Relief (CLWR) - Unspecified	6010	
(Note: include any GHDA unspecified in the CLWR line (a) above)		
c) CLWR Special Appeal (please specify)		
IV. Other (please specify)		
Campus Ministry - Loonie Sunday	6043	
Hospital Chaplaincy - Regina	6061	
Luther College - Regina	6052	
Lutheran Campus Ministry - Saskatoon	6047	
Lutheran Care Society - Saskatoon	6060	
ELCIC Praise Appeal		

Total of Cheque(s) Enclosed (payable to Synod) _____



REMITTANCE FORM - LOAN REPAYMENT

Evangelical Lutheran Church in Canada

CHURCH EXTENSION AND CAPITAL FUND (CECF)

Forward Payment To:

Evangelical Lutheran Church in Canada
302 – 393 Portage Avenue
Winnipeg, Manitoba R3B 3H6

Congregational Loan Number	
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Congregation Information	
Name of Congregation	
Sender's Name	
Address	
City, Province, Postal Code	
Telephone	
E-mail	

Payment Details	
Payment for the Month of	
Monthly Loan Payment Amount	
Additional Principal Payment	
Total of Cheque Enclosed (Payable to ELCIC)	

Comments	

Signature

Date



REMITTANCE FORM - LOAN REPAYMENT

Evangelical Lutheran Church in Canada

LUTHERAN INVESTMENT FUNDS & ENDOWMENTS (LIFE)

Forward Payment To:

Evangelical Lutheran Church in Canada
302 – 393 Portage Avenue
Winnipeg, Manitoba R3B 3H6

Congregational Loan Number	
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Congregation Information	
Name of Congregation	
Sender's Name	
Address	
City, Province, Postal Code	
Telephone	
E-mail	

Payment Details	
Payment for the Month of	
Monthly Loan Payment Amount	
Additional Principal Payment	
Total of Cheque Enclosed (Payable to ELCIC)	

Comments

Signature

Date

Want to pay your loan on time – and save even more time and money?

Pay your loan the hassle-free way.

With our pre-authorized payment option, your payment is made automatically on the payment due date and you don't even have to sign the cheque.

* **Save Money**

Forget about buying stamps, incurring late payment charges and reduce your bank bill payment costs.

* **Save Time**

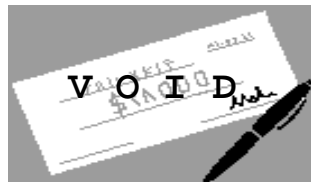
Forget about writing cheques or making trips to the bank or post office to pay your bills.

* **Save Worry**

Forget about cheques that get delayed in the mail or about missing your payment due date.

How do I join?

- Complete and sign the authorization form below.
- Attach a business blank cheque marked "void".



- Mail the authorization form and void cheque to our office:

ELCIC - Finance Dept.
302-393 Portage Avenue
Winnipeg, MB R3B 3H6
Tel: (204) 984-9178
Fax: (204) 984-9185
Email: finance@elcic.ca

Please note: Terms and Conditions must also be given to customer

Pre-Authorized Payment Authorization Business PAD	
Payor Names(s) _____ (Congregation)	
Address: _____	
City/Province: _____	Phone Number: _____ (Daytime)
I (we) authorize ELCIC to process a debit on a monthly basis, in paper, electronics or other form in the amount of \$ _____ This amount may be increased/decreased at a future date as agreed to in writing by me(us). (Fixed Amount)	
ELCIC will to the best of their abilities advise me(us) in writing of the revised amount in advance of its (charged amount) effective date.	
I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.	
Business PAD	
Name(s) of Authorized Signing Officer(s): _____	
Signature(s) of Authorized Signing Officer(s): _____	
Date: _____	

PRE-AUTHORIZED PAYMENTS – TERMS AND CONDITIONS

“I(We) acknowledge that this Authorization is provided for the benefit of the ELCIC and TD Commercial Banking and is provided in consideration of TD Commercial Banking agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.”

“I(We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.”

“I(We) hereby authorize ELCIC to draw on Congregation/Organization account number through TD Commercial Banking, for the following purpose.”

“This authorization may be cancelled at any time upon notice by Congregation/Organization. I(We) acknowledge that, in order to revoke this authorization, I(We) must provide notice of revocation to ELCIC.”

“I(We) acknowledge that provision and delivery of this authorization to ELCIC constitutes delivery by Congregation/Organization to TD Commercial Banking. Any delivery of this authorization to you constitutes delivery by Congregation/Organization.”

“I(We) undertake to inform ELCIC, in writing, of any change in the account information provided in this authorization prior to the next due date of the PAD.”

“I(We) acknowledge that TD Commercial Banking is not required to verify that a PAD has been issued in accordance with the particulars of the ELCIC’s Authorization including, but not limited to, the amount.”

“I(We) acknowledge that TD Commercial Banking is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by ELCIC as a condition to honouring a PAD issued or caused to be issued by ELCIC on Congregation/Organization account.”

“Revocation of this authorization does not terminate any contract for goods or services that exists between Congregation/Organization and ELCIC. The Congregation/Organization’s Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged,”

“A PAD may be disputed by a Congregation/Organization under the following conditions:

- (1) the PAD was not drawn in accordance with the Congregation/Organization’s Authorization; or
- (2) the authorization was revoked; or
- (3) pre-notification was not received.

The Congregation/Organization, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Congregation/Organization’s account up to and including 10 business days in the case of a business PAD, after the date on which the PAD in dispute was posted to the Congregation/Organization’s account.

The Congregation/Organization acknowledges that a claim on the basis that the Congregation/Organization’s Authorization was revoked, or any other reason, is a matter to be resolved solely between the ELCIC and the Congregation/Organization when disputing any PAD after (10 business days in the case of a business PAD).”

Contact information for the Department of Finance & Administration, ELCIC is as follows:

ELCIC – Finance Department, 302 – 393 Portage Avenue, Winnipeg, MB R3B 3H6
Telephone: (204) 984-9178, Fax: (204) 984-9185, Email: finance@elcic.ca



ELCIC SOFTWARE LICENSING PROGRAM ORDER FORM

To place an order for software, please complete the order form and mail to:

Option 1
Rick Natividad, IT Coordinator
ELCIC National Office
302 – 393 Portage Avenue
Winnipeg, MB R3B 3H6

Option 2
Fax to: (204) 984-9185

Once the form has been received, Rick will contact you to verify your order and method of payment. We accept cheque, VISA, MasterCard, and American Express.

Shipping Address:

Synod/Congregation Name	
Contact Person	
Address	
City	
Province	
Postal Code	
Daytime Telephone Number	
Email	

Software Required:

Product Description	Quantity	Cost Each	Total
Total Order			\$

Our organization agrees to comply with the above mentioned vendor's licensing agreements and ELCIC information technology software policies. We understand that the software is to be used explicitly for business and is not for personal use.

Signed: _____ Date: _____



ELCIC SOFTWARE LICENSING PROGRAM (SLP) SOFTWARE LIST

The ELCIC national office is permitted to resale licenses in accordance with its not-for-profit/charity licensing agreements with Microsoft, Adobe, and Corel.

The most popular current versions of software that has been sold to our members include the following:

- Microsoft Office Standard 2010, and Professional Plus 2010
- Microsoft Windows 7 Professional
- Adobe Acrobat X Standard, Professional and suite
- Adobe Creative Suite 5 (various versions available)
- Corel WordPerfect Standard X5 and Professional X5

In most cases, purchases through the SLP are cheaper than buying from retailers. As there are different versions and editions of software available, please call for the most current pricing.

At the current time, we are unable to provide competitive pricing for accounting software (QuickBooks or Simply Accounting) as well as antivirus programs.

Evangelical Lutheran Church in Canada

302 – 393 Portage Avenue

Winnipeg, MB R3B 3H6

Telephone: 204.984.9150

Toll Free: 888.786.6707

Facsimile: 204.984.9185

12/2011