

EFT AUTHORIZATION FORM



NORTHERN CANADA EVANGELICAL MISSION
PO BOX 3030, PRINCE ALBERT, SK S6V 7V4

Please tape a voided cheque here.

Receipt to: PLEASE NOTE WE CAN ONLY RECEIPT BUSINESS CHEQUES TO THE BUSINESS NAME

Name(s) _____

Street/Box _____

City _____ Prov _____ Postal Code _____ Phone _____

email _____

Office use - pin #

Donation Information:

I / We want to invest in the ministry of Northern Canada
Evangelical Mission, Inc. I /We authorize NCEM to withdraw from the above account:

Total \$ _____ to be applied as follows: General Fund _____ Tribal Trails _____
Other _____
Missionaries _____

____ Monthly on a regular basis (on the 7th day of the month) beginning in _____ until notified otherwise.

We would like a receipt for income tax purposes mailed to me / us: ____ Monthly ____ Annually

Fax or mail to: Northern Canada Evangelical Mission, Inc. (306) 764-3390 (fax)
PO Box 3030, Prince Albert, SK S6V 7V4 (306) 764-3388 (voice)
Email address - ncem@ncem.ca

Signed below as required on cheques issued against this account:

Signature(s) _____ Date _____

I may revoke my EFT authorization at any time, subject to notifying NCEM at least 10 days in advance of cancelling my EFT.
Changes to your monthly withdrawal require an emailed, faxed or written notification to NCEM.
You may obtain a sample cancellation form, or further information on your right to cancel by contacting your financial institution or online at www.cdnpay.ca

You have certain recourse rights if any EFT withdrawal does not comply with this agreement. For example you have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this EFT agreement. To obtain more information on your recourse rights, you can contact your financial institution or online at www.cdnpay.ca

PLEASE KEEP A COPY OF THIS PREAUTHORIZED WITHDRAWAL FOR YOUR OWN RECORDS.
Your bank requires that you keep a copy.