

ACH AUTHORIZATION FORM

Please attach a voided check here.

Receipt to: _____ (Please note: we can only receipt business checks to the business name.)

Name(s) _____

Address _____

City _____ State _____ Zip 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 on the ☐ 5th or the ☐ 20th of each month:

General Fund \$ _____

Tribal Trails \$ _____

Missionary Name _____ \$ _____

Missionary Name _____ \$ _____

Missionary Name _____ \$ _____

Other _____ \$ _____

Monthly Total to be withdrawn..... \$ _____

Withdraw the funds each month beginning _____ and continuing until NCEM is notified.

Please return this form to NCEM:

Email: ncemus@ncem.ca

Fax: 306-764-3390

Mail: NCEM

9169 W. State Street, Suite 500

Boise, ID 83714

I understand that I may revoke my ACH authorization at any time, subject to notifying NCEM at least 3 days in advance of cancelling my ACH. Changes to your monthly withdrawal can be made by calling NCEM toll-free 1-833-751-1215, or email, fax, or written notification to NCEM.

Signed below as required on checks issued against this account:

Signature(s) _____ Date _____

PLEASE KEEP A COPY OF THIS PREAUTHORIZED WITHDRAWAL FOR YOUR OWN RECORDS.