



**EFT Authorization Form**  
**\*\*please include a VOID cheque\*\***

Receipt To:

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Donation Information:

I/We want to invest in the ministry of Indian Life Ministries.

I/We authorize ILM to withdraw from my account each month:

General Fund ..... Amount: \_\_\_\_\_

Prison Ministry (Tychicus Project) ..... Amount: \_\_\_\_\_

Staff Support ..... Amount: \_\_\_\_\_

Other ..... Amount: \_\_\_\_\_

**Monthly Total to be withdrawn ..... Amount: \_\_\_\_\_**

The above total amount will be withdrawn monthly, on the 1st business day of every month, beginning in \_\_\_\_\_ (month) until notified otherwise.

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

Mail: Indian Life Ministries, PO Box 3765 Redwood Post Office, Winnipeg MB R2W 3R6

Email: [admin@indianlife.org](mailto:admin@indianlife.org)

I understand that I may revoke my EFT authorization at any time, subject to notifying ILM at least 3 days in advance of cancelling my EFT.

Changes to your monthly withdrawal require an emailed, or written notification to ILM; or by calling ILM at 1-800-665-9275.

Signed below as required on cheques issued against this account:

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

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