



Automatic Debit Authorization Form

Receipt To:

Name(s): _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____

Donation Information:

I/We authorize ILM to withdraw from my account: Monthly _____ One Time _____

General Fund Amount: _____

Prison Ministry (Tychicus Project) Amount: _____

Staff Support Amount: _____

Other Amount: _____

To be withdrawn Amount: _____

Select one option below:

I/We authorize Indian Life Ministries to withdraw the above amount of funds from my account on the 1st _____ OR 15th _____ day of each month beginning _____ (month)

I/We authorize Indian Life Ministries to withdraw the above amount of funds one-time, from my account. _____ (initial)

Banking Information

Please note, the account information required below, must match the name and address information above.

Transit Number: _____ Bank Code/Institution Number: _____

Account Number: _____

Bank Name: _____

Bank Address: _____

Bank City/Province(State)/Postal Code(Zip): _____



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The sample cheque below is how to find the required banking information to setup pre-authorized direct debit.

SECURITY FEATURES INCLUDED - DETAILS ON BACK - CARACTÉRISTIQUES DE SÉCURITÉ INCLUSES. DÉTAILS AU VERSO

YOUR NAME _____ 1

DATE 2 0 - -
Y Y Y Y M M D D

PAY TO THE ORDER OF _____ \$ _____

_____/100 DOLLARS

BANQUE DE MONTRÉAL
2310 DU FAUBOURG
BOISBRIAND, QC J7H 1S3

Security features included. Details on back.

MP

⑈00⑈ ⑆2760⑆ ⑆00⑆ ⑆234⑆ 567⑈

Transit # Bank code Account #

When completed:

Mail: Indian Life Ministries, PO 94, Langdon AB, T0J 1X2

Email: 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.