



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

EFT AUTHORIZATION FORM

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 each month:

General Fund Amount \$ _____

Tribal Trails Amount \$ _____

Missionary Name _____ Amount \$ _____

Missionary Name _____ Amount \$ _____

Missionary Name _____ Amount \$ _____

Other _____ Amount \$ _____

Monthly Total to be withdrawn Amount \$ _____

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

*I understand that I may revoke my EFT authorization at any time, subject to notifying NCEM at least 3 days in advance of cancelling my EFT. **Changes to your monthly withdrawal require an emailed, faxed, or written notification to NCEM; or by calling NCEM 306-764-3388.***

Signed below as required on cheques issued against this account:

Signature(s) _____ Date _____

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.payments.ca

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