Pre-Authorized Debit Authorization Form

PLEASE DO NOT WRITE IN SHADED AREAS

NAME	PHONE
ADDRESS	
NAME OF FINANCIAL INSTITUTION	
BRANCH ADDRESS	

PRO. _____

RES. _____

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*This authorizes a monthly debit of the specified account for the sum of CAD$_____ beginning on the **1st** or **15th** (cirlce one) day, _____ month, _____ year, for _____ months, or until notified ☐ ✓ , for payment to New Tribes Mission of Canada (NTMC).*

NTMC's treatment of each donation shall be the same as if a cheque had been personally issued, authorizing the debit indicated. This authorization may be cancelled at any time upon notice to NTMC.*

_____ DATE

_____ SIGNATURE

_____ SIGNATURE

1.	Missionary _____	$ _____.____	
2.	Missionary _____	$ _____.____	
3.	Missionary _____	$ _____.____	
4.	Missionary _____	$ _____.____	
5.	Missionary _____	$ _____.____	
	TOTAL:	$ _____.____	

*** PLEASE NOTE**

1. Please include a sample of your personal cheque marked "VOID".
2. Forms and change requests must arrive at our office by the 23rd of each month to take effect the following month. Information received after the 23rd will be delayed one month due to bank procedures.
3. Mail the signed original to: New Tribes Mission of Canada, Box 707, Durham, ON N0G 1R0; or fax it to 519-369-5828