



Automatic Debit 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Monthly Total to be withdrawn Amount: _____

The above total amount will be withdrawn monthly, on the 1st business day of every month, beginning in _____ (month) until notified otherwise.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