

AUTOMATIC WITHDRAWAL

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- You can save and email it or print and mail it.
- Choose if you want your account debited on the 1st or the 15th.
- Choose when you want it to begin.
- Avoid enclosing a form from the bank (can be gotten online or in person) to verify your account number.

Please return the completed and signed authorization form below along with your banking information by email to donations@imioi.ca or by mail to Christar, P.O. Box 20164, St. Catharines, ON L2M 7W7.

HERE IS WHAT YOU MAY DO...

- You may write in writing by email or regular mail.
- You may write by email or regular mail to avoid enclosing a form from the bank.
- You may change the missionary(ies) you are supporting or add an additional missionary(ies).

Changes can be made by email to donations@imioi.ca, by calling 1-800-295-4158 or 905-646-0228 or by mail at P.O. Box 20164, St. Catharines, ON L2M 7W7.

Please notify us at least a week ahead of the scheduled withdrawal if you are making any changes.

****Be sure to notify us of us of any changes to your mailing address, otherwise, your tax receipt will be returned to us. ****

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You may change the missionary(ies) you are supporting or add an additional missionary(ies).

Donor Relations/Finance
 International Missions in Ontario Inc O/A

AUTOMATIC WITHDRAWAL PLAN AUTHORIZATION FORM

Press 'tab' to move from field to field.

Completion of this form gives consent to Christar to use the submitted information for the limited purposes of receiving donations, sending receipts, and informing of changes of donor procedures.

My contribution(s) is(are) for the ministry of:

Name:

Amount:

\$

\$

\$

Donor's Name(s):

Telephone:

Mailing Address:

City:

Province:

Postal Code:

Email Address:

Type of Account

Withdrawal Date

- Chequing
 Savings - Chequing

- 1st
 15th

Effective Date:

Bank Name:

Branch Address:

Bank #:

Transit#:

Account #:

Signature(s) note: For **ALL** joint accounts, **ALL** depositors must sign if more than one signature is required on the account.

I hereby authorize International Missions In Ontario Inc. O/A Christar to electronically withdraw from my bank account each month the amount of my contribution noted above.

Name:

Signature:

