

AUTOMATIC WITHDRAWAL

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- Choose if you want your account debited on the 1st or the 15th.
- Choose what month you want it to begin. Á
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Please return the authorization form and void cheque by email to donations@imioi.ca or by mail to Christar Canada, P.O. Box 20164, St. Catharines, ON L2M 7W7 .

HERE IS WHAT YOU MAY DO...

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- You may change the missionary you are supporting or add additional missionaries.

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

****Be sure to email donations@imioi.ca or call 1-800-295-4158 or 905-646-0228 if you have moved to change your mailing address, otherwise, your tax receipt will be returned to us. ****

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 Donor Relations/Finance
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[å } ææ } • O q q æææ](mailto:donations@imioi.ca)

AUTOMATIC WITHDRAWAL PLAN AUTHORIZATION FORM

I hereby authorize **International Missions In Ontario Inc. O/A Christar** to electronically withdraw from my bank account each month for the payment of my contribution. 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 is for the ministry of:

Name:

Amount:

\$

\$

\$

Donor's Name(s):

Telephone:

Mailing Address:

Province:

Postal Code:

Email Address:

Type of Account

Withdrawal Date

- Chequing
 Savings - Chequing

- 1st
 15th

Effective Date:

Bank Name:

Branch &
Address:

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

Name:

Signature:
