

ELECTRONIC FUND TRANSFER FORM - CANADA



Christian Reformed World Missions

1. Personal Information

Name: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

Today's Date: _____

2. Gift Information

Amount of monthly contribution: \$ _____

Note: This contribution will be received by CRWM on the 20th of each month.

Please designate my gift to a specific:

Missionary: _____

or Project: _____

or Use where most needed

This authority is to remain in full force and effect until Christian Reformed World Missions has received verbal or written notification from me of its termination in such time and in such manner as to afford Christian Reformed World Missions and the financial institution named above a reasonable opportunity to act on it. I agree to inform CRWM in the event of any changes to my contact or financial information.

3. Method of Gift Contribution: please choose one option

A. Chequing Account EFT

I authorize Christian Reformed World Missions to debit my chequing account for the amount and frequency I have instructed above, and to credit or adjust debits, if necessary, to the checking account indicated.

Financial Institution: _____

Branch: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

Transit/ABA #: _____

(first 9 numbers from the bottom left corner of cheque)

Account No: _____

(numbers following Transit/ABA #, without cheque number)

Signature: _____

Important: Include a voided cheque with this form. Please do not fill out or sign the cheque. Deposit / withdrawal slips cannot be accepted.

OR

B. Credit Card EFT

I authorize Christian Reformed World Missions to debit my credit card for the amount and frequency as I have instructed on the this form, and to credit or adjust debits, if necessary, to the credit card account indicated below.

AMEX MasterCard VISA

Expiration date: _____

Card No: _____

Signature: _____

Please mail this completed, signed form to:



Christian Reformed World Missions
3475 Mainway
P.O. Box 5070 STN LCD 1
Burlington, ON L7R 3Y8

For questions about EFT or the form please contact:

Liz Busuttill 905-336-2920 or 1-800-730-3490