

Donation Authorization

Return this portion to:
Living Hope Native Ministries
Box 1468, Red Lake ON P0V 2M0
Tel: 807-727-2995 Fax: 807-727-2141

Donation Authorization

(Keep this portion for your records.)
Living Hope Native Ministries
Box 1468, Red Lake ON P0V 2M0
Tel: 807-727-2995 Fax: 807-727-2141

I wish to make donations through:

- 1. Online banking (Canadian only)

Return this completed form to receive your donor account number and instructions. Skip to line 3.

- 2. Automatic withdrawals

I am enclosing my "void" cheque.

1st of the month withdrawal

15th of the month withdrawal

Bank name _____

Address _____

Telephone _____

Transit number _____

Financial institution number _____

I (we) authorize LHNM to process a debit, in paper, electronic, or other form in the amount of \$_____ on my account monthly beginning (date) _____.

- 3. Please use my donation for the ministry of:

Ministry and Program Fund

Other _____

4. I acknowledge that I have read and understood all the provisions contained in the terms and conditions on the reverse of this pre-authorized donation.

Name(s) _____

Address _____

Telephone _____

E-mail _____

Signature(s) _____

Date _____

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Name(s) _____

Address _____

Telephone _____

E-mail _____

Signature(s) _____

Signature(s) _____

Date _____

Terms and Conditions: Pre-authorized Donation

I (we) authorize Living Hope Native Ministries to debit my (our) account as indicated on the attached "void" cheque under the terms and conditions agreed to by me (us) with LHNM, until such time as written notice to the contrary is given.

I (we) acknowledge that delivery of my (our) authorization to LHNM constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the payments are drawn in accordance with this authorization.

I (we) will notify LHNM in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me (us) to the branch of account within 90 days:

- a) I (we) have never provided authorization to LHNM.
- b) The pre-authorized debit was not drawn out in accordance with my (our) authorization.
- c) My (our) authorization was revoked.
- d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.

I (we) warrant that all persons whose signature(s) are required to sign on this account have signed the agreement.

I (we) will notify our financial institution of the above agreement with a letter of authorization.

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