

Impact Canada Ministries

Monthly Pre-authorized Debit Form

Monthly Donation of (\$):

Starting Date:

Day of Month to be withdrawn on:

Designation

- Where most needed
- Person:
- Project:
- Other:

Void Cheque Information:

Transit: _____

Route: _____

Account Number: _____

Name: _____

Email: _____

Address: _____

Phone number: _____

Signature: _____

Date: _____