



# Pre-Authorized Payment Option

Please print this form, fill out and send to NAIM with a voided check/cheque for your account.

**I want to use NAIM's Pre-Authorized Payment Option. I authorize my financial institution to pay NAIM the amount indicated on the day shown below. This authorization will be the same as if I had personally signed a check/cheque, and will remain in effect until I notify NAIM in writing 10 days prior to my next scheduled payment.**

Monthly donation amount: \$ \_\_\_\_\_

To be withdrawn on the:  1st of every month  15th of every month

Type of account:  Checking (attach voided check)  Savings (attach deposit slip)

Account #: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

All depositors must sign if more than one signature is required for this account.

Project#	Project/Missionary Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Donor number \_\_\_\_\_ (if known)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

*NAIM issues annual receipts in January for the previous year's donations. You will receive an acknowledgement each month as your gifts are processed. By providing this personal information to NAIM, you allow us to use this information to process your donations and correspond with you. For more information about how NAIM handles your personal information, see the privacy policy on our website, at [www.naim.ca](http://www.naim.ca)*

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TO REACH ALL NATIONS**