



# Pre-Authorized Payment Option

Please print this form, fill it out, and send to NAIM.

**I want to use NAIM's Pre-Authorized Payment Option. I authorize my financial institution to pay NAIM the amount indicated on the date shown below. This authorization will be the same as if I had personally signed a 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To be withdrawn on the:       1<sup>st</sup> of every month       15<sup>th</sup> of every month

Type of account:       Chequing (attach voided cheque)       Savings (attach deposit slip)

Account number \_\_\_\_\_

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

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

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

Proj #	Name of Missionary/Project	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

NAIM issues annual receipts in January for the previous year's donations. You will receive an acknowledgment 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 [www.naim.ca](http://www.naim.ca)