



Personal Information

Name(s)

Address

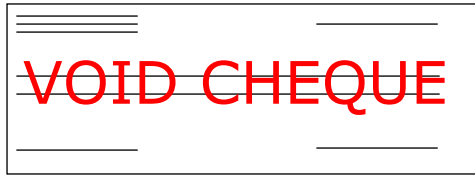
City Province Postal Code

Phone # Home Church (optional)

Email (optional)

Account Information

Please include a void cheque to provide your banking details. The donation amount will be automatically deducted from this bank account.



Pre-Authorization Donation Information

I/We authorize MBMS International to monthly debit my/our account indicated above, in the amount of: *(please choose only one)*

\$ on the 1st business day of the month
or
\$ on the 1st business day of the month **after** the 15th of each month

Date of first pre-authorized donation (YYYY/MM/DD):

I/We would like the Pre-Authorized donation to be designated and used for:

Amount	Name of Missionary / Project	Project Code
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

Each donation shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay MBMS International as indicated and to debit the amount specified from my/our account.

- I/we understand that this agreement can be amended or cancelled at any time, upon written notice.
- I/we understand that the bank is not responsible to verify whether these payments are properly debited from our account.
- Any delivery of this authorization to MBMS International constitutes delivery by me/us to the Bank.

I am (we are) the person(s) authorized to sign on the above account.

Signature Date

Signature Date

Please print and complete this form and mail it along with your cheque to:
MBMS International, #302-32025 George Ferguson Way, Abbotsford, BC V2T 2K7

THANK YOU!