AUTHORIZATION FORM

Please tape a voided cheque here.

Bank Information:

Bank _____ Account Number _____

Branch _____ Address _____

City _____ Prov ____ Postal Code _____ Phone _____

Donor Information:

Name(s) _____

Street/Box _____

City _____ Prov ____ Postal Code _____ Phone _____

Donation Information:

I / We want to invest in the ministry of **Northern Canada Evangelical Mission, Inc.** I / We authorize NCEM to withdraw from the above account: ___Quarterly ___Monthly on a regular basis (on the 7th day of the month) beginning in _____ until notified otherwise.	Total $_____ to be applied as follows: General Fund _____ Tribal Trails _____ Other _____ Missionaries _____ _____ _____

I / We would like a receipt for income tax purposes mailed to me / us:

___ Monthly ___ Quarterly ___ Annually

Signed below as required on cheques issued against this account:

Signature(s) _____ _____ Date _____

Fax or mail to: **Northern Canada Evangelical Mission, Inc.** (306) 764-3390 (fax)
Box 3030, Prince Albert, SK S6V 7V4 (306) 764-3388 (voice)