

OUR
COMPELLING
PURPOSE

Empowering
International Students
to Impact
the World
Through
Jesus Christ

GOD'S
CLEAR
COMMAND

**“If a stranger dwells
... in your land ...
you shall love him
as yourself ...
I am the LORD your God.”**
Leviticus 19:33, 34
(NKJV)



For Your Convenience . . .

If you are a donor who gives regularly, we would like to offer you the convenience of an electronic funds transfer (**EFT**).

By setting up an EFT arrangement for your donations, you will no longer need to fill out and send monthly cheques, and together we can save on mailing costs.

If you would like to use this service, simply fill out the authorization form on the far right. Then, cut off the form and mail it to us with a **voided cheque** .

Official donation receipts for income tax purposes will be mailed to you at year end.

We respect our donors' privacy and do not release your personal information to other organizations except as needed to transact the automatic donations you authorize.

If you have any questions about this arrangement, feel free to phone our office in Three Hills at (403) 443-5676. We will be happy to explain it further.

Thank you for sharing in this ministry to international students.

This authorization may be reduced or cancelled by phone or email.

For an increase in the donation amount we will need an authorizing signature.

Please notify us immediately of any change in your address or bank account.

You may wish to make a photocopy of the authorization form for your records before mailing the authorization form to ISMC.

Within the banking industry, an EFT transfer is often referred to as a Pre-Authorized Debit (PAD).

To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your financial institution or visit www.cdnpay.ca.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.



ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I authorize International Student Ministries Canada to withdraw (debit) the amount specified below from my bank account on the **15th of each month**.

My donation is made on behalf of
___ an Individual ___ a Business ___ a Church

Amount	Designation (i.e. staff/fund name)
\$ _____	_____
\$ _____	_____
\$ _____	Total Amount

Starting Month _____

Branch/Acct. # _____

Signature(s) as required on cheques written against this account:

X _____

X _____

Date _____

Name _____

(Dr., Rev., Mr., Mrs., Ms., Miss)

Address _____

Phone _____

Email _____

PLEASE ENCLOSE A CHEQUE MARKED "VOID"