

**Pre-Authorized Debit  
Authorization Form/Electronic Fund Transfer**

<b>Name</b>			
<b>Phone</b>		<b>Email</b>	
<b>Address:</b>			
<b>Name of Financial Institution</b>			
<b>Branch Address</b>			

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**Transit No.**

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**Inst. No.**

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**Account No.**

*Please send a copy of your VOID cheque.*

This authorizes a  Monthly  Quarterly  Yearly  
 debit on the specified account for the sum of CAD \$ \_\_\_\_\_ beginning on or about  
 the 15<sup>th</sup> day of \_\_\_\_\_ (month) \_\_\_\_\_ (year), for \_\_\_\_\_  
 (number of months) or until notified.

This authorization may be cancelled at any time upon notice to SeedCare.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

<b>Specified-Purpose Funds</b>	<b>Amount</b>
Philippine Pastors and Ministers Fund	
Philippine Gospel Projects Fund	
Scholarship Fund	
10/40 Filipino Missionaries Fund	
10/40 Non-Filipino Missionaries Fund	
Administrative Fund	
Endowment Fund	
General Fund	
<b>TOTAL</b>	