ELECTRONIC FUND TRANSFER FORM - CANADA

1. PERSONAL INFORMATION 3. METHOD OF GIFT CONTRIBUTION: please choose one option Name: A. Chequing Account EFT I authorize Resonate Global Mission to debit my chequing Address: _____ account for the amount and frequency I have instructed above, and to credit or adjust debits, if necessary, to the checking account indicated. City: _____ Financial Institution: Prov: Postal Code: Branch: _____ Today's Date: Address: 2. GIFT INFORMATION City: Amount of monthly contribution: \$_____ Prov: Postal Code: Note: This contribution will be received by Resonate on the 20th of each month. Signature: Please designate my gift to a specific: Important: Include a voided cheque with this form. Please ☐ Missionary: _____ do not fill out or sign the cheque. Deposit / withdrawal slips cannot be accepted. ☐ Project: B. Credit Card EFT ☐ Use Where Most Needed (801210) I authorize Resonate Global Mission to debit my credit card for the amount and frequency as I have instructed on the this form, and to credit or adjust debits, if necessary, to the credit This authority is to remain in full force and effect until Resonate Global card account indicated below. Mission has received verbal or written notification from me of its termination in such time and in such manner as to afford Resonate ☐ AMEX ☐ MasterCard ☐ VISA Global Mission and the financial institution named above a reasonable opportunity to act on it. I agree to inform Resonate in the event of any Expiration date: _____ changes to my contact or financial information. Card No: Security code: _____

Please mail this completed, signed form to:

RESONATE GLOBAL MISSION

3475 Mainway PO Box 5070, STN LCD 1 Burlington, ON L7R 3Y8 For questions about EFT or the form please contact:

P (905) 336-2920 P 800-730-3490



Signature: