Canadian Fire Missions FIRE Pre-Authorized Giving	 I/We hereby authorize Canadian Fire Missions to automatically debit my bank account credit card
Your Address Information	in the amount of
FULL NAME :	Semi-monthly (on 1st & the 15th of every month)
ADDRESS:	Monthly (on the first day of every month)
CITY/TOWN: POSTAL/ ZIP CODE:	Monthly (on the day of every month)
E-MAIL:	I/We have attached a blank VOID cheque to this form.
PHONE: CELL #:	SIGNATURE
Your Banking Information	JUNATORE
FINANCIAL INSTITUTION :	SIGNATURE
ADDRESS:	
CITY/TOWN: POSTAL/ ZIP CODE:	DATE:
COMPLETE ACCOUNT NUMBER (INCLUDING BRANCH # & INSTITUTION #): BRANCH # INSTITUTION # INSTITUTION # ACCOUNT # IVWe agree that the info contained in this authorization may be disclosed to the Canadian Western Bank as required to complete this pre-authorized transaction.	I/We will inform Canadian Fire Missions in writing of any change in the info provided one month in advance. I/We understand that this authorization is in effect until I/we notify Canadian Fire Missions in writing to change/cancel it.
	I/We understand & accept the terms of this agreement.
	Please be aware that this form will at all times be kept confidential & secure.
NAME ON CARD : back of card.	

Please submit completed Pre-Authorized form to: **Canadian Fire Missions, 701 - 20th St.W. Saskatoon, SK S7M OX9** OR Scan/Photograph & Email the completed form to **info@canadianfire.org.** Thank you for your generosity & for your heart of compassion to reach a hurting world with the Gospel! Donations will be recorded on your account as going to CITY CENTRE COMMUNITY RENEWAL INITIATIVES of which Canadian Fire Missions is a part.

Canadian Fire Missions Ema

Email: info@canadianfire.org

701 - 20th Street West, Saskatoon, SK Canada S7M 6W2