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Electronic Funds Transfer

Form for setting up recurring bank transfers

Inst	ructions
Thank you for your commitment to partner with Pioneers.	
To get started, please fill out the form below authorizing Pioneers to debit your bank account. Select 5th or 15th day of the month for your donation, sign, date and return the form by email or post mail Pioneers office along with a BLANK VOID cheque.	
This form must be received at least 10 days before your selected start date. Any future changes to you tion or banking information should be made to our finance team via email or telephone 10 days prio date of the effective change. This will ensure sufficient time to process your request.	
Tax receipts for EFT donations are mailed annually. Thanks for your partnership!	
	Form
I HEREBY AUTHORIZE PIONEERS TO DEBIT MY BANK ACCOUNT	
On the of each month/quarter for the amount of \$startingstarting	
TO SUPPORT:(Missionary/Project) \$(An	nount)
(Missionary/Project) \$(Am	nount)
Here is my extra monthly donation for where most needed \$5.00 \$10.00 \$\text{\$\sum_\$10.00}\$	Other
Signature: Date:	7
Full Name : Mr./Mrs./ Ms (circle) (Please Print)	
Address:	
Email Address: Phone:	
Make a copy for your records	