



## Sustaining Donor Automatic Withdrawals

Payee Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**Please attach a Void cheque.**

Donation Amount: \_\_\_\_\_

Transfer Frequency:  Monthly  Bi-Weekly

Transfer Start Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

I authorize LCBI – Lutheran Collegiate Bible Institute – to debit my account through CAFT (Customer Automated Fund Transfer) as per my instructions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*Gifts to this ministry will support programs and projects approved by LCBI. Each gift designated toward an approved program will be used as designated with the understanding that when any given need has been met, designated gifts will be allocated where needed most.*

Funds are transferred through the Credit Union automatic transfer program called CAFT (Certified Automated Fund Transfer).

Please return completed form to:

LCBI High School  
Box 459 Outlook, SK  
S0L 2N0  
Or Fax to 306-867-9947  
Or email a scanned copy to [office@lcbi.sk.ca](mailto:office@lcbi.sk.ca)