



LCBI CAFT (Sustaining Donor)

Automatic Withdrawals

Payor Name: _____

Account Number: _____

Transit Number: _____

Financial Institution: _____

Please attach void cheque or equivalent banking information

Donation Amount: _____

Transfer Frequency: 1st (Monthly) **OR** 20th (Monthly) **OR** Bi-weekly

Transfer Start Date: _____

Expiry Date (Optional): _____

I authorize LCBI – Lutheran Collegiate Bible Institute – to debit my account through CAFT (Customer Automated Funds 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.

Please return completed form to:

**LCBI
Attention CAFT Donations
Box 459 Outlook SK S0L 2N0
Or Fax to 306-867-9947
Or email a scanned copy to office@lcbi.sk.ca**