



## EFT Form

I hereby authorize Jubilé • Jubilee Montréal to initiate a monthly debit from the indicated financial account for the dollar amount(s) specified. I understand the amount will be withdrawn on the 3rd day of the month. I understand that my contribution is tax deductible as allowed by law. This authority will remain in effect until I notify you in writing to cancel or amend it in a reasonable amount of time.

(Please Print)

Name(s) as listed on account \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Financial institution name \_\_\_\_\_

Amount to withdraw monthly \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(If joint account, both owners must sign)

Signature of co-owner \_\_\_\_\_ Date \_\_\_\_\_

PLEASE SEND A COPY OR PHOTO OF A VOIDED CHEQUE OR EMAIL  
[FINANCE@JBLMONTREAL.ORG](mailto:FINANCE@JBLMONTREAL.ORG) TO SETUP A PHONE CALL TO GIVE  
ACCOUNT DETAILS OVER THE PHONE.

Thank you for your generosity!