



Healing Hearts Ministry Inc.  
Box 12  
Regina Sk.  
S4P 2Z5

**I want to use Healing Hearts Ministries Inc. Pre-Authorized Payment Option. I authorize my financial institution to pay Healing Hearts Ministries Inc. the amount indicated on the day shown below. This authorization will remain in effect until I notify Healing Hearts Ministries Inc. in writing 10 days prior to my next scheduled payment.**

Please return this form to Healing Hearts Ministries Inc. with a void cheque for your account.

To be withdrawn on the:  1st of every month  
 15th of every month

Type of account:  Chequing  Savings

Account #: \_\_\_\_\_

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

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

*All depositors must sign if more than one signature is required for this account (i.e. joint account)*

Donation to be used as follows:

Project#	Project/Missionary Name	Amount
_____	_____	_____
_____	_____	_____

*Funds designated for a certain project or ministry will be used for that project or ministry. The donor gives Healing Hearts Ministries Inc. Board authority to use any funds for other similar purposes if the project or ministry is fully funded or if it cannot be reasonably carried out.*

Contact Information:

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Apt. , No.)      Street      City      Postal Code

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Provision of the information requested on this form is voluntary. The information is being collected to provide services and additional information requested by you and assists us in improving our delivery of information and services to you. Every reasonable effort is made to safeguard the information you provide.