

Canadian Conference of Mennonite Brethren Churches  
**Direct Deposit Authorization Form**

Name(s) \_\_\_\_\_  
Current Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Attach cheque marked "void" in this space.

Type of Account	Account Number
Annuity	
Deposit Fund	
Loan	
RRSP/RRIF	
Other	

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

Return completed form to:

**Canadian Conference of MB Churches**  
1310 Taylor Avenue, Winnipeg MB R3M 3Z6  
Ph 204 669 6575 Toll-free 1 888 669 6575 Fax 204 654 1865