



Customer Automated Funds Transfer (CAFT) Authorization Form

Thank you for choosing to support Habitat for Humanity Manitoba. To authorize a monthly or one time donation directly from your bank account, please complete the form below.

1. Donor Information

Full Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

2. Banking Information

Bank Name: _____

Institution Number: (3 digits) _____ Transit Number: (5 digits) _____

Account Number: _____

Please attach a void cheque or a direct deposit form.

3. Donation Amount and Frequency (if applicable)

Monthly Donation Amount: \$ _____

Preferred Withdrawal Date (e.g., 1st or 15th of each month): _____

4. Authorization and Consent

I hereby authorize Habitat for Humanity Manitoba to withdraw the above amount from my bank account on a monthly basis. This authorization will remain in effect until I provide written notice of cancellation.

Signature: _____ Date: _____

5. Submission Instructions

Please return the completed form to:

Paige Drader

Accounting Specialist

E: pdrader@habitat.mb.ca