



Canadian Reformed School Society of Edmonton

14, 9703 - 174 Street, Edmonton, Alberta T5T 6C5

Phone: 780-483-2253 Fax: 780-451-1917 E-mail: henk@dejongprinting.com

AUTHORIZATION OF AUTOMATED FUND TRANSFER

I/we, the undersigned, authorize the Board of the Canadian Reformed School Society of Edmonton to withdraw funds from the bank account indicated on the attached "void" cheque and/or as described below. Such withdrawals will cover payment of membership and/or tuition fees and surcharges, as approved by the Society and as listed on the Notice of Required Fees which was forwarded to me by the Board.

I acknowledge that this authorization is provided for the benefit of the Board and my financial institution, and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payment Association. I acknowledge that provision and delivery of this authorization to the Board constitutes delivery by me to my financial institution. I warrant that all persons whose signature(s) are required or authorized to sign on this account have signed the application below. I will notify the Board in writing of any changes in the account information at least 5 business days prior to the next due date of the pre-authorized withdrawal. I may cancel this authorization in writing at least 5 business days prior to the next due date of the pre-authorized withdrawal, upon which cancellation I will provide payment via alternate methods. The Board may terminate this authorization at any time verbally or in writing.

PERSONAL INFORMATION

Name(s): _____

Address: _____

Phone (home): _____ Phone (work): _____

BANK ACCOUNT INFORMATION (attach a voided cheque to ensure proper account information is used)

Amount to be withdrawn on the 1st 10th 15th 20th day of each month: _____

Transit No. _____ Bank No. _____ Account No. _____

Type of Bank Account: Personal Chequing Savings Joint Chequing/Savings

Name of your Financial Institution: _____

Address of your Financial Institution: _____

AUTHORIZATION (as you would sign your cheque)

Signature: _____ Date: _____

Signature: _____ Date: _____

*Please return this authorization to the address in the masthead.
Be sure to attach a voided cheque also.*