

# **BUILD IT BACK**

## **Authorization Agreement for Monthly Payments (AFT Debit/Credit)**



Donor Name(s) \_\_\_\_\_

I/we \_\_\_\_\_ hereby authorize South Shore Christian School (SSCS), to initiate debit entries (and to initiate, if necessary, credit entries and adjustments for any debit entries in error) to my/our ☐ Chequing or ☐ Savings Account (select one) indicated below, and authorize South Shore Christian School, to debit and/or credit the authorized account. I/we acknowledge that the origination of AFT transactions to my/our account must comply with the provisions of Canadian law.

Bank Name \_\_\_\_\_ Branch # \_\_\_\_\_

Transit Number \_\_\_\_\_ Account # \_\_\_\_\_

### **OR ATTACH A VOID CHEQUE OR DIRECT DEPOSIT FORM**

Donor Email \_\_\_\_\_

Amount to be Deducted Each Month \_\_\_\_\_

Starting Date 1st Day of \_\_\_\_\_, 20 \_\_\_\_\_

Funds are withdrawn on the first day of the month or first business day (if first day falls on the weekend) This authority is to remain in full force and effect until South Shore Christian School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford South Shore Christian School a reasonable opportunity to act on it. South Shore Christian School requires 60 days notice to cancel.

Donor Name \_\_\_\_\_ Phone \_\_\_\_\_

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

### **PLEASE TAPE A VOID CHEQUE BELOW**

Area for taping a void cheque.

### **OFFICE USE ONLY**

Date Entered \_\_\_\_\_ AFT End Date \_\_\_\_\_

Please remit these forms to South Shore Christian School  
134 Mill Street E. Leamington, ON N8H 1S6