

FALL FUND REACH

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 _____

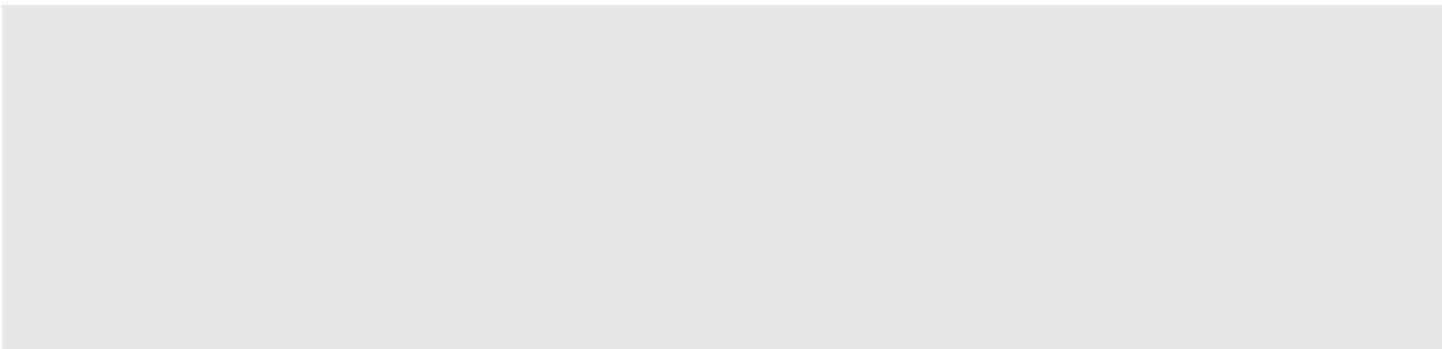
Starting Date 1st Day of _____ , 20 _____

Funds are withdrawn on the first day of the month or first business day (if first day falls on the weekend) This authority is to remain in full force and effect until South Shore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



OFFICE USE ONLY

Date Entered _____ AFT End Date _____

Please remit these forms to South Shore Christian School
475 Bevel Line Rd, Leamington, ON N8H 3V4