

## **Ambassadors Christian School**

### **Electronic Funds Transfer Plan Authorization of the Payor to the Payee to Direct Debit an Account**

#### **Instructions:**

1. Please complete all sections in order to instruct the payee to take donations directly from your account.
2. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below
3. If you have any questions, please write or call the Payee.

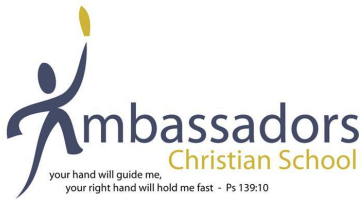
#### **PAYOR INFORMATION** *(Please type or print clearly)*

Payor Name(s):
Address:
Email:
Telephone:

#### **PAYEE INFORMATION**

Payee Name: Canadian Reformed School Society of Ottawa o/a Ambassadors Christian School
Mailing Address: PO Box 89081, 3781 Strandherd Dr., Nepean, ON, K2J 0R2
Telephone: 1-613-323-5541
Email: treasurer@ambassadorschristianschool.ca





Branch Number	Institution #	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province		Postal Code

**PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION** *(Please type or print clearly)*

**PAYMENT INFORMATION** *(Please type or print clearly)*

Please specify payment: <i>(Please check one)</i>	<input type="checkbox"/> \$ _____ / Month
Occurring on: <i>(Please check one)</i>	<input type="checkbox"/> The 1 <sup>st</sup> of the month <input type="checkbox"/> The 15 <sup>th</sup> of the month
I consent to receive email communication, newsletters, promotions and information regarding ACS <i>(Please check one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Account Holder

Signature

Date

\* I agree that I may revoke or cancel this Agreement at any time upon notice being provided by me via email to the Society Treasurer or in writing to the Society board.

