

PAYMENT CHANGE AUTHORIZATION FORM

Payment Change Form



PLEASE INCREASE MY MONTHLY PAYMENT BY THE FOLLOWING DONATION AMOUNT.

- i. This amount will continue until further notice.
ii. The bank information on file with ECHSA remains unchanged.
iii. This document shall be my written authorization for the donation amount indicated below:

- checkbox \$ 5.00
checkbox \$20.00
checkbox \$50.00
checkbox \$ _____

Please allocate this monthly Donation Amount to:

- checkbox ECHS Operating Budget \$ _____
checkbox Owen Sound Transportation Support \$ _____
checkbox Other: _____ \$ _____

PLEASE INCREASE MY MONTHLY PAYMENT FOR ONE MONTH ONLY, BY THE FOLLOWING DONATION AMOUNT: \$ _____. This will result in a total debit of \$ _____ for the month of _____, 20__ only.

Please allocate this one time Donation Amount to:

- checkbox ECHS Operating Budget \$ _____
checkbox Owen Sound Transportation Support \$ _____
checkbox Other: _____ \$ _____

Terms and Conditions for Pre-Authorized Payment

With the signature below, I/we hereby authorize the Emmanuel Christian High School Association to make monthly or bi-monthly withdrawals for the amounts indicated above from our bank, from the account number as given on our sample cheque marked VOID. I/We warrant that the signature in the application is authorized to make withdrawals on our account. This authorization is given in good faith and will remain in effect until I/we have notified the school Treasurer in writing. It is our responsibility to allow a reasonable time for the banks to process the termination of these pre-authorized payments. I/We also consent to the disclosure of any personal information that is contained in this agreement, to our bank, as needed to process this application.

- checkbox This is a personal banking account
checkbox This is a business banking account

Authorization

Please indicate the date in which this is to take effect: _____, 20__

Printed Name: _____

Signature: _____ Date: _____

Admin Use Only

Membership #