



22550 Twp Rd. 530 Sherwood Park, Alberta T8A 4T7
 780.464.4040 fax:467.8219 info@trinity-baptist.ca

Preschool Pre-Authorized Payment

PERSONAL INFORMATION

Name: _____
 Address: _____
 City/Province: _____ PC _____
 Phone: (_____) _____
 Email Address: _____

PRE-AUTHORIZED PAYMENT INFORMATION

Please indicate the amount and your preference for withdrawal:

Monthly	\$ _____	1 st of the month
	\$ _____	15 th of the month
	\$ _____	30 th of the month

BANK INFORMATION

Please supply a void cheque which provides bank information for the pre-authorized payment

AUTHORIZATION

Signing this form confirms that, I/we _____
 authorize Trinity Baptist Church to withdraw the amount indicated above until such time as
 this authorization is cancelled or amended in writing.

DATED: _____

(Signature)