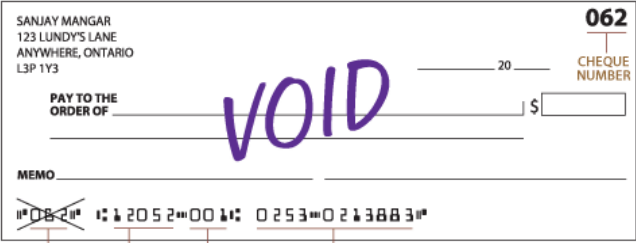


Contact Information		
Name		
Address		
City	Province	Postal Code

Donation Information
Total Monthly Tuition/Donation
Donation to be taken each _____ starting _____ month 1st or 15th

Authorization
I/we hereby authorize you to debit my/our account each month in the amount(s) shown above and for such amount(s) to be payable to Guido de Bres Christian High School. Your treatment of each payment shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit my/our account accordingly. This authorization may be cancelled at any time upon written notice by me/us.
Date _____ Authorized Signatory _____

Please attach a void cheque here or a direct debit form from your banking app
 <p>SANJAY MANGAR 123 LUNDY'S LANE ANYWHERE, ONTARIO L3P 1Y3</p> <p>062 CHEQUE NUMBER</p> <p>PAY TO THE ORDER OF _____ \$ _____</p> <p>MEMO _____</p> <p>02530213883 MICR LINE</p> <p>CHEQUE NUMBER BRANCH NUMBER INSTITUTION NUMBER ACCOUNT NUMBER</p>

*Please return this completed form to your local Guido Treasurer
Or
Deposit in the Guido donation box at the back of the church.*