

GOOD SPIRIT BIBLE CAMP

PRE-AUTHORIZED PAYMENT



PLEASE FILL IN THE FOLLOWING INFORMATION:

NAME: _____ PHONE (____) ____-____
ADDRESS: _____ EMAIL: _____
CITY/TOWN: _____
PROVINCE: _____
POSTAL CODE: _____

ATTACH A BLANK, VOIDED CHEQUE OR FILL IN THE FOLLOWING INFORMATION:

NAME OF FINANCIAL INSTITUTION: _____
BRANCH ADDRESS: _____
BRANCH NUMBER |_____| INSTITUTION NUMBER |_____|
(5 DIGITS) (3 DIGITS)
ACCOUNT NUMBER |_____|
(MAXIMUM 12 DIGITS)

PLEASE SELECT ONE OF THE FOLLOWING MONTHLY AMOUNTS TO BE WITHDRAWN:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> \$10.00 | <input type="checkbox"/> \$20.00 |
| <input type="checkbox"/> \$25.00 | <input type="checkbox"/> \$35.00 |
| <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$75.00 |
| <input type="checkbox"/> \$100.00 | <input type="checkbox"/> Other Amount _____ |

SELECT THE DAY YOU WOULD LIKE THE FUNDS WITHDRAWN:

- 1ST OF THE MONTH
- 8TH OF THE MONTH
- 15TH OF THE MONTH
- 25TH OF THE MONTH

(AGREEMENT ON REVERSE SIDE)

I/we the undersigned authorize Good Spirit Bible Camp to debit my/our account at the financial institution indicated, for the amount indicated, and on the day indicated. Under the terms and conditions agreed by me/us with Good Spirit Bible Camp until such time as written notice to the contrary is given by me/us to Good Spirit Bible Camp.

I/we have read and understood the terms and conditions and hereby accept them as a condition of my/our participation in this Pre-Authorized Payment account.

Signature

Date

All Money Will Be Receipted For Tax Purposes. Thank You For Your Generous Donation! This Form Can Be Mailed To:

Good Spirit Bible Camp
PO Box 295
Springside, SK.
S0A 3V0

If There Are Any Further Questions, Please Contact Us
(306) 792-4466 Email: office@gsbcamp.ca