

**ELECTRONIC FUNDS TRANSFER ENROLLMENT  
AND AUTHORIZATION FORM**



I hereby authorize Pioneer Bible Camp to transfer the amount indicated below from my bank account. This authority will remain in effect until I provide notice to Pioneer Bible Camp in writing to cancel this agreement. I understand that this request may take two to four weeks to be processed.  
**PLEASE PRINT CLEARLY**

**1. NAME/ADDRESS INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell # \_\_\_\_\_

Email address: \_\_\_\_\_

**2. MONTHLY DONATION**

☐ Give \$25                      ☐ Give \$50.00                      ☐ Give \$ \_\_\_\_\_

My monthly contribution will be withdrawn from my chequing account. Please enclose a void cheque and be sure to complete section 4 below.

My monthly contribution will be withdrawn (choose one):

☐ 1<sup>st</sup> day of the month                      ☐ 15<sup>th</sup> day of the month

Date of first withdrawal: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
   month                      day                      year

**3. BANK INFORMATION**

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

**4. SIGNATURE (REQUIRED)**

I authorize the electronic funds transfer listed above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide a signed copy of this form to: Pioneer Bible Camp, Box 839, Smoky Lake AB T0A 3C0.  
Remember to enclose a voided cheque from your chequing account.

**THANK-YOU FOR YOUR SUPPORT!**