

## 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My monthly contribution will be withdrawn from my chequing account.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My monthly contribution will be withdrawn (choose one):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!