



CENTRAL ALBERTA CHRISTIAN HIGH SCHOOL

22 Eagle Road, Lacombe Alberta T4L 1G7

Phone: 403-782-4535 Email: business@cachs.ca

ELECTRONIC FUNDS TRANSFER/CREDIT CARD AUTHORIZATION

Payor's Name: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Is this authorization a renewal? Yes ☐ No ☐

For **New Authorizations** and for **Renewal Authorizations with changes**, please provide your bank information below or attach a marked VOID cheque with your completed form.

- Branch Number (5 digits): _____
- Institution Number (3 digits): _____
- Account Number: _____

MONTHLY WITHDRAWALS

☐ I hereby authorize monthly withdrawals from my account/credit card listed above

- Start date of monthly withdrawals: _____
(day/month/year)

- Amount to be withdrawn monthly: _____

☐ 10 months ☐ 12 months ☐ Other: _____

ANNUAL WITHDRAWALS

☐ I hereby authorize annual withdrawals from the account listed above

- Start date of annual withdrawals: _____
(day/month/year)

- Amount to be withdrawn annually: _____

EFT AUTHORIZATION: The undersigned authorize Central Alberta Christian High School Society and its bank, ATB Financial, to process debits (withdrawals) against the Payors' account as indicated above in accordance with the rules of Canadian Payments Association.

Signature of Account Holder

Signature of Account Holder

Dated at _____, Alberta this _____ day of _____ 20____
City date month

For **Credit Card Authorization** please provide the information as requested below.

****Please note an additional 3% fee will be charged on all credit card payment**** (effective Feb 1 2025)

- Credit Card #: _____
- Expiry Date & 3 Digit CVC : _____
- Name on the card: _____

CREDIT CARD AUTHORIZATION: The undersigned authorize the Central Alberta Christian High School Society Administrative Assistant or Business Administrator to process debits against the Payor’s account as indicated on the first page.

Signature of Account Holder

Dated at _____, Alberta this _____ day of _____ 20____
City date month