



ATTERCLIFFE CANADIAN REFORMED ELEMENTARY SCHOOL
85785 CANBOROUGH RD, DUNNVILLE, ON N1A 2W1

Member Information

Name _____

Address _____

Expansion Drive Payment Information

TOTAL Amount Pledged _____

Monthly Amount _____

Email _____

Phone _____

Start Date _____

End Date _____

Process Date _____ 15th (default) _____

I hereby authorize Attercliffe Canadian Reformed Elementary School (ACRES) to withdraw the regular monthly payment as indicated above. Should I wish to change **or** cancel the payment the ACRES treasurer should be notified in writing prior to the **first** day of the month of withdrawal.

Please attach a VOID cheque or fill in account details below.

Transit _____

Bank ID _____

Account Number _____

Please Sign _____

Please Date _____