



Direct Withdrawal Authorization

Name

Address

City

Prov

Postal Code

Phone

I hereby authorize Mount Carmel Bible School and the financial institution I have indicated below to withdraw from my account exactly \$ _____ on the _____ day of each month.

This authority is to remain in effect until I notify Mount Carmel Bible School of its termination.

Authorized Signature

Date

Please attach a blank cheque marked "VOID"

OR: fill in below

Bank Name: _____

Bank # _____

Transit/Branch # _____

Account # _____