

PRE-AUTHORIZED PAYMENT FORM AUTOMATIC FUNDS TRANSFER

I, the undersigned,	authorize Northwest Ba	ptist Seminary to withdraw \$	on the first of each
month beginning _		_, 20	
Please note that th	e withdrawal may be lat	er than the 1 st if the first of the mo	onth falls on a non-business
banking day.			
This support will co	ontinue until (check one)):	
	indefinitely until we noti	fy Northwest Baptist Seminary to o	cancel
	Specific Date	(please indicate	end date)
These funds will be	e withdrawn by electroni	ic transfer from your bank account	to Northwest Baptist
Seminary's bank ac	ccount. In order to set u	p this funds transfer transaction, th	ne following information is
required:			
These monthly cor	tributions are designate	d for	
Please submit the	following information (ca	an be obtained from your bank) or	attach a VOID cheque.
3 dig	it Institution Number		
5 dig	it Bank Transit Number		
Bank	Account Number		
I understand that t	his transaction may be c	ancelled or changed by notifying tl	he Northwest Seminary
office in writing at	least 30 days prior to yo	ur next transaction date.	
Signed this	day of	, 20 <u> </u>	
Ву:			(Name)
Signature:			